



Zambia HIV/AIDS Prevention, Care and Treatment Partnership (ZPCT)

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**Quarterly Report to USAID
April – June, 2009**

**Submitted by
Family Health International (FHI)
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LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CDC	-	Centers for Disease Control
CHAI	-	Clinton Foundation HIV/AIDS Initiative
CHAZ	-	Churches Health Association of Zambia
CIDRZ	-	Centre for Infectious Diseases Research in Zambia
CME	-	Continuous Medical Education
CPOs	-	Community Purchase Orders
CT	-	Counseling and Testing
DATF	-	District AIDS Task Force
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DHOs	-	District Health Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FBO	-	Faith Based Organisations
FHI	-	Family Health International
FP	-	Family Planning
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART-	-	Highly Active Antiretroviral Therapy
HCP	-	Health Communications Partnership
HCWs	-	Health Care Workers
IQC	-	International Quality Control
IT	-	Information Technology
JSI	-	John Snow Incorporated
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and child health
MCZ	-	Medical Council of Zambia
MIS	-	Management Information System
MoH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
NFNC	-	National Food and Nutrition Commission
NHC	-	Neighborhood Health Committee
OIs	-	Opportunistic Infections
PCF	-	Palliative Care Forum
PCP	-	Pneumocystis Pneumonia
PCR	-	Polymerase Chain Reaction
PEP	-	Post Exposure Prophylaxis
PEPFAR	-	Presidents Emergency Plan for AIDS Relief
PHOs	-	Provincial Health Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PRA	-	Pharmaceutical Regulatory Authority
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SCMS	-	Supply Chain Management System

SD NVP	-	Single Dose Nevirapine
SG	-	Scientific Group
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
WAD	-	World AIDS Day
WHO	-	World Health Organization
ZNCC	-	Zambia National Counseling Council
ZPCT	-	Zambia Prevention, Care and Treatment Partnership

EXECUTIVE SUMMARY

The Zambia Prevention, Care and Treatment Partnership (ZPCT) works with the Ministry of Health (MoH), the Provincial Health Offices (PHOs), and District Health Offices (DHOs) to strengthen and expand HIV/AIDS clinical services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. ZPCT supports the Government of the Republic of Zambia's (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART.

This quarter, ZPCT supported implementation of HIV/AIDS services in 219 health facilities in 35 districts in the five target provinces, with all 219 of these facilities now reporting results.

A detailed list of all ZPCT supported facilities and the services provided are available in **ANNEX A**.

Key activities and achievements for this reporting quarter include:

- CT services are ongoing in all 219 ZPCT supported health facilities, with 58,779 individuals receiving CT services in these facilities.
- PMTCT services were provided in 210 facilities. 31,208 women were provided with PMTCT services (including CT), of whom 3,691 tested HIV positive and 4,772 provided with a complete course of ARV prophylaxis. Some women were tested in the quarter and are now receiving services.
- Ongoing technical assistance was provided to expand and improve clinical palliative care services in all targeted health facilities. 102,710 individuals received palliative care through the 219 reporting health facilities.
- ART services were available in 34 districts supported by ZPCT. It is still to be determined if the site in Milenge District will have the capacity to provide ART services in the future. This quarter a total of 5,972 new clients (including 438 children) were initiated on ART through all 103 ART sites of which 46 are static and 57 are outreach sites. Of the 103 ART sites, 98 sites report independently and five sites report through larger facilities. By the end of this reporting period 78,653 individuals were receiving ART and of these, 5,433 were children.
- The following training courses were conducted this quarter
 - 24 HCWs were trained in ART and OI management through four two week courses
 - 4 HCWs were trained in the use of SmartCare forms and software
 - 11 HCWs were trained in monitoring and evaluation
 - 85 HCWs were trained in equipment maintenance use and ART commodity management for laboratory and pharmacy
 - 16 HCWs were trained in dry blood spot (DBS) collection

A complete list of all trainings conducted this quarter is outlined in **ANNEX B**.

- QA/QI tools have been adapted for use in ZPCT supported sites and are administered on a quarterly basis to assess, monitor and improve the quality of HIV services. These tools are used to assess the extent to which services are consistent with public health policy and guidelines for the treatment and prevention of HIV disease and related opportunistic infections. Data from implementation of these tools are being entered and analyzed using
- Ten districts across the five provinces have been graduated. ZPCT and the MoH have been working together to monitor the implementation of the QA/QI tools and offer guidance to facility staff on how best they can improve and provide services of good quality.
- District wide referral networks are fully functional in 32 districts and are in various stages of development in the remaining three districts. Implementation of referral network activities will be completed in the remaining districts by the end of this workplan period.
- 12 community groups were supported to implement community purchase orders to enable groups to conduct mobilization activities in communities surrounding ZPCT supported facilities. Community mobilization activities are ongoing in all five provinces.
- ZPCT continued to provide assistance and leadership on technical and programmatic issues in all key technical areas at the central level and actively participates in eight national technical working groups, as well as in several ad-hoc implementation groups.

The table below shows service statistics and related data through June 30, 2009 from ZPCT supported sites. It is a summary of key indicators for all ZPCT activities from all supported facilities. The training statistics for health care workers and lay counselors who directly provide services in all the program areas are also presented.

Services in Health Facilities Receiving ZPCT Support							
Indicator	Achievements (May 1, 2005 to June 30, 2009)						
	Workplan (1 Oct 08 to 30 June 09)	Quarterly Achievements (1 Apr 09 to 30 Jun 09)			Achievements (1 Oct 08 to 30 Jun 09)	Percent Achievement	Cumulative LOP Achievements (1 May 05 to 30 Jun 09)
	TARGET	FEMALE	MALE	TOTAL			
CT							
Service outlets providing CT	220						219
Persons trained in CT	340			0	350	103%	1,987
Persons receive CT services	85,000	29,819	28,960	58,779	165,869	195%	481,022
PMTCT							
Service outlets providing PMTCT	208						210
Persons trained in PMTCT	200			0	210	105%	1,150
Pregnant women provided with PMTCT services, including CT	69,825	31,208		31,208	103,260	148%	339,842
Pregnant women provided with a complete course of ART prophylaxis	7,820	4,772		4,772	15,055	193%	38,365
Basic Health Care and Support							
Service outlets providing clinical palliative care services	220						219
Service outlets providing general HIV-related palliative care	220						219
Persons provided with OI management and/or prophylaxis	103,000	62,176	40,534	102,710	105,472	102%	114,523
Persons provided with general HIV-related palliative care	103,000	62,176	40,534	102,710	105,472	102%	114,523
Persons trained to provide general HIV- related care	250			24	296	118%	1,851
Treatment							
Service outlets providing ART services	101						98
Health workers trained in ART	250			24	296	118%	1,851
New clients receiving ART	14,000	3,592	2,380	5,972	19,736	141%	82,808
Total clients receiving ART	69,000	47,282	31,371	78,653	78,653	114%	78,653
Pediatric Treatment							
Health workers trained in pediatric care	90			24	133	148%	684
New pediatric clients receiving ART	1,104	209	229	438	1,531	139%	5,970
Total pediatric clients receiving ART	4,700	2,645	2,788	5,433	5,433	116%	5,433

Services in Health Facilities Receiving ZPCT Support							
Indicator	Achievements (May 1, 2005 to June 30, 2009)						
	Workplan (1 Oct 08 to 30 June 09)	Quarterly Achievements (1 Apr 09 to 30 Jun 09)					
TB infected clients receiving CT services	3,395	500	687	1,187	4,231	125%	15,633
HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (new cases)	2,819	419	511	930	3,241	115%	11,081
Laboratory Infrastructure							
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	51						81
Number of individuals trained in the provision of lab-related activities	110			29	72	65%	363
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	456,536			183,299	591,160	129%	1,840,530

1. INTRODUCTION

The Zambia Prevention, Care and Treatment Partnership (ZPCT) works with the Ministry of Health (MoH), the Provincial Health Offices (PHOs), and District Health Office (DHOs) to strengthen and expand HIV/AIDS clinical services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. ZPCT supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral treatment (ART), by implementing program and management strategies to initiate, improve and scale up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART programs in all ZPCT supported districts in these five provinces. ZPCT collaborates with the PHOs and DHOs to strengthen service delivery at public sector facilities and to strengthen networks for referral between these and other public sector health services and communities. ZPCT also collaborates actively with other donor agencies and partner organizations to build on, rather than duplicate, HIV/AIDS programming.

ZPCT provides support at national, provincial, district and community levels utilizing health clinics, hospitals and community service delivery programs. At the national level, the program offers technical assistance and coordination to the MoH and the National AIDS Council (NAC) through the established technical working groups. At the provincial level, program supports the MoH through technical assistance and coordination in five provinces and at the district levels, ZPCT assists the DHOs and selected health facilities to provide, improve and expand HIV/AIDS services. At the community level, activities include demand creation for services and strengthening linkages between facilities and communities.

All activities and related monitoring and evaluation processes and indicators are designed to meet USAID and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) requirements and to be compatible with established government health management information systems (HMIS).

2. OBJECTIVES

The specific objectives of the ZPCT Partnership are to:

- Increase access to and use of HIV counseling and testing (CT)
- Increase access to and use of interventions for preventing mother-to-child transmission (PMTCT)
- Increase access to and strengthen delivery of clinical care for HIV/AIDS, including diagnosis, prevention and management of opportunistic infections (OIs), and other HIV related conditions and symptoms
- Increase access to and strengthen delivery of ART services at the provincial and district levels

These objectives are met within the framework of the GRZ plan for scale up of ART programs and in full partnership with the MoH at all levels.

3. ACTIVITIES AND ACCOMPLISHMENTS FOR THE QUARTER

3.1. Program Management

3.1.1. ZPCT Partners

Management Sciences for Health (MSH) continued as a partner responsible for providing technical leadership and assistance within ZPCT and at national level in laboratory and pharmaceutical services.

Churches Health Association of Zambia (CHAZ) continued to support seven mission health facilities: St. Kalembe Health Center in Kabompo District, Luwi Health Center in Mwinilunga District and Chitokoloki Mission Hospital in Zambezi District (North Western Province), Chilubula Mission Health Center in Kasama District (Northern Province), Mambilima Mission Health Center in Mwense District, Lubwe Mission Hospital in Samfya District and St. Paul's Mission Hospital in Nchelenge District (Luapula Province).

A joint monitoring and support visit was conducted by the CHAZ and ZPCT program officers in three of the seven facilities this quarter including; Lubwe, Mambilima, and St. Paul's Mission Hospitals to monitor implementation progress on planned activities. Additional refurbishment and equipment needs were discussed with facility management in the facilities. All existing refurbishments in CHAZ facilities have been completed in the current agreement ending July 31, 2009.

CHAZ is also a principle recipient for HIV services through the Global Fund to Fight AIDS, TB and Malaria and are also rolling out their ART program. ZPCT and CHAZ continue to discuss and resolve overlapping implementation issues.

Kara Counseling and Training Trust (KCTT) is responsible for training CT counselors and counselor supervisors at ZPCT supported health facilities at the district level. The contract with KCTT ended on March 31, 2009 and so there were no activities being implemented this quarter.

3.1.2. Facility Support

Recipient agreements

Five PHO agreements, where key activities for the DHOs have been incorporated and seven recipient agreements with the general hospitals are currently open to run through July 31, 2009.

Renovations and environmental site assessments (ESAs)

ZPCT is supporting renovations at 177 health facilities across the 35 districts with 166 health facility renovations completed. The total number of renovations reduced from 180 to 177 due to lack of registered contractors in the rural provinces, delays in opening tenders and delays in identifying contractors. Currently, 11 health facilities have ongoing renovations. Bills of quantities and tender documents were developed for all health facilities, prior to initiating renovation works. The remaining works in these facilities will be completed next quarter.

During this quarter seven health facility renovation contracts were signed and renovations were completed in 17 health facilities. ZPCT continued to work closely with the DHOs and facility management in the vendor selection process as well as ongoing monitoring of refurbishments. As renovations are completed, certification of quality and completeness of works is an ongoing follow-up activity in collaboration with the relevant provincial buildings engineer and Ministry of Works and Supply GRZ employees.

Environmental site assessments (ESAs) continue to be carried out in facilities undergoing renovations funded by ZPCT, as per USAID guidelines. 177 ESAs have been completed to date and 19 of these were completed this quarter.

Rural refurbishment

In addition to renovations at health facilities, ZPCT identified staff houses to be renovated to address the quality of working and living conditions of health care workers. This activity will contribute to addressing the human resource crisis in Zambia by enhancing staff retention in the most remote, rural areas of Northern and North Western Provinces.

Assessments were carried out in Northern and North Western Provinces in collaboration with the respective PHOs to identify the houses for this program. Contractors were jointly selected following the provincial and ZPCT bidding tender and selection processes. 23 contracts were signed and works commenced in 12 facilities in Northern Province and ten in North Western Province. Currently, all 55 housing structures out of 55 are being renovated. Of these 55 housing structures, 43 have been completed to date. The remaining 12 houses will be completed next quarter.

Procurement

During this quarter, procurement of all equipment requested in the recipient agreements was finalized. Equipment received but yet to be delivered to the respective provinces and facilities will be completed in the next quarter.

3.1.3. Strategies to Supplement Human Resources at ZPCT supported Facilities

Limited staff at health facilities continued to be an ongoing issue. ZPCT approaches described below are an attempt to mitigate the human resource constraints.

HCWs in the facilities: ZPCT continued to work with DHOs and facilities to implement a transport cost reimbursement plan. HCWs who work approved extra shifts are eligible for this reimbursement. This initiative has been implemented at most health facilities and has helped to alleviate staff shortages. This initiative is closely monitored to determine its effectiveness and feasibility and to ensure that health facility staff adhere to the policy and procedures.

Lay counselors, PMTCT volunteers and adherence support workers (ASWs): Lay counselors, PMTCT volunteers and (ASWs are trained and placed in facilities to relieve some of the burden on HCWs and to improve services and the well being of PLHA.

Data entry clerks (DECs): DECs are hired as FHI employees but following MoH grading levels, and placed at health facilities through funding included in the recipient agreements. To date, 101 DECs have been trained and placed at the ART facilities, in collaboration with the DHOs. This has resulted in improved timeliness and quality of HIV/AIDS data at these sites. To further improve data quality, the DECs assist in the compilation of data from non-ART sites as well.

Outreach: Transport allowances for ART outreach have been included in all recipient agreements. This includes support for staff from the DHO or other facilities to provide services at selected health facilities that lack a medical doctor, laboratory staff and/or pharmacy staff to initiate and monitor clients on ART.

3.1.4. Other Program Management Activities

This quarter, the following program management activities took place:

- Program management/finance workshop: A two-day meeting from June 29-30 was held for provincial program managers, senior finance officers, senior program officers and program officers. The purpose of the meeting was to review programmatic and financial status of the program, outline procedures to complete remaining activities, and discuss the transition/closeout plan for ZPCT.

- Human resources: During this quarter, no additional staff were hired. Redundancy notices have been sent out to all ZPCT staff in view of the September 2009 end date for ZPCT. Notices have also been sent out to all seconded staff.
- Staff development: This quarter, a total of 42 ZPCT staff were trained in the following courses:
 - a) Final phase of the accelerated professional development program for 14 technical staff: This has been an on-going training program for selected technical staff. This program came to end in June 2009. The topics covered were advanced SPSS, research methods, basic biostatistics/ethics and presentation skills. In addition to these topics, a three months online training (e SCART) in antiretroviral therapy by the Institute of Tropical Medicine, Antwerp Belgium was provided to ten of the 14 staff on this program and eight of them have graduated in this course.
 - b) Leadership workshop by ESAMI (Southern African Management Institute): Four senior program officers and one senior technical officer attended a leadership workshop by ESAMI during the period under review. Topics covered were: motivating staff, team building, improving managerial skills, communication approaches and managing performance. In addition, one Lusaka based IT officer also attended a leadership training with British Council.
 - c) Grant management course: During this quarter, four finance staff were enrolled on a three-month on-line grant management course facilitated by Management Concepts.
 - d) Advanced microsoft excel training: All provincial and Lusaka based finance staff attended training in advanced excel provided by Knowledge Cube.

- Information technology (IT) capacity building and system maintenance: The IT team of help desk support officers in the five ZPCT provincial offices and three IT officers in Lusaka provide technical assistance on computer hardware, software, and use of applications. IT staff are funded through FHI G&A.

During this quarter, IT installed local area network infrastructure and transferred the internet connectivity equipment and telephone system to the new ZPCT office in Kasama. In Kabwe and Ndola, Vsat equipment was installed and the old DSL connection was terminated. This has greatly improved communication in the two offices. IT also assisted JSI/MoH in developing training materials for the new version of SmartCare which is integrated with a logistics and dispensing component. In the next quarter, the new SmartCare version will be piloted in seven health facilities including three ZPCT supported facilities (Kabwe Mine Hospital, Kabwe General Hospital and Liteta). IT staff will attend training on the new SmartCare and ARV logistics before the rollout of the pilot sites. In addition, IT will install new Vsat equipment in Kasama, Ndola and Solwezi and complete the transition to a new satellite provider next quarter. The new telephone system will also be installed in all ZPCT offices and IT staff will be trained in the system before the deployment.

- International Travel:

The deputy chief of party (DCOP)/ director of programs, director of finance, and the senior human resource advisor travelled to Nairobi, Kenya to participate in the Operations Support/Capacity Building and Development Meeting conducted by FHI Arlington from May 11-15.

The M&E senior advisor and QA/QI advisor travelled to Cairo, Egypt to attend the FHI Global Strategic Initiative workshop. The purpose of this workshop was to build capacity of participants to design and implement projects aimed at improving the quality of services provided through FHI country programs.

The chief of party and the associate director, technical support travelled to Windhoek, Namibia on June 8, 2009 to participate in the 2009 annual PEPFAR HIV implementers meeting. The associate director, technical support also participated in the satellite PMTCT M&E meeting on June 9, 2009. The main meeting was held from June 10-14 2009.

4. NATIONAL LEVEL ACTIVITIES

ZPCT provides assistance and leadership on technical and programmatic issues in all key areas at the national level and actively participates in eight national technical working groups, as well as several ad-hoc

implementation groups. Participation in national meetings and workshops ensures ZPCT input into national activities and enhances continued collaboration with the MoH and other partners.

A complete list of meetings and workshops participated by ZPCT staff are listed under **ANNEX C**.

5. TECHNICAL AREAS

Major activities undertaken this quarter in each of the technical components are described below.

5.1 Counseling and Testing (CT)

At the end of this quarter, CT services were being provided in the 219 ZPCT supported facilities.

CT Services

Technical assistance to CT service providers (HCWs and lay counselors) in all supported facilities was ongoing in order to strengthen CT services, maintain a high uptake of testing and collection of same day results and strengthen the linkage to clinical care for ART services.

Technical assistance during this period focused on:

- Strengthening CT services for children: Support for mentorship of counselors from ZPCT supported facilities at the UTH Paediatric Center of Excellence (PCOE) continued. Having initially started with lay counselors, the program has been extended to HCWs that are providing CT services for children. Fifty five (55) HCWs from across the five supported provinces were mentored in provider initiated testing and counseling (PITC) at the UTH PCOE. Following this training, the HCWs will use their skills to further strengthen paediatric CT in their respective facilities.

The number of children tested and receiving results continued to increase with 11,993 receiving CT services during this quarter compared to 10,467 during the January – March, 2009 quarter. The CT services were extended to parents or guardians of the children using a family centered approach by extending services to other family members. The national VCT day theme “family first, men take your family for HIV test” embraced the need to include all family members in the care and support of children.

- Linkages to ART for HIV positive clients: ZPCT supported facility staff to ensure that HIV positive clients were consistently being referred for ART services in order to facilitate the initiation of ART for eligible clients.
- Supporting provision of high quality CT services and administration of QA/QI tools: Mentorship of facility staff on the importance of administering QA/QI tools, as a tool to measure the quality of services being provided continued.

Community Mobilization and Outreach in CT

During this reporting period, ZPCT collaborated with health facility staff and community groups to motivate community members to access CT services in facilities within their communities. A total of 12 community purchase orders were implemented in eight districts across the five supported provinces.

Mobile CT services: Provision of mobile CT services continued with particular support being provided to the national VCT day. Mobile CT services were provided in 11 districts across the four provinces. A total of 4,146 people accessed CT services in the four ZPCT supported provinces that conducted mobile CT.

A list of community mobile services conducted this quarter is provided in **ANNEX D**.

Key Issues /Constraints in CT

- HCW strike: The 38 day strike action by HCWs in most urban hospitals and clinics negatively affected the CT service provision. Several CT rooms were inaccessible because they were closed even though lay counsellors were available. During the strike period, some DECAs were unable to collect monthly data from some of the facilities.
- Shortages and interruptions in the supply of HIV test kits: Test kit stock outs were experienced in several facilities. Trainings in the new HIV test kits logistics system have been conducted in some provinces and this is expected to improve the situation.

- Long distances from CT to ART sites: This is still a challenge in some of the provinces making it hard for HIV positive clients referred from CT to ART sites to access ART services. However, ZPCT continued working closely with the PHOs / DHOs to initiate and strengthen outreach ART services in affected areas.

5.2 Prevention of Mother-to-Child Transmission (PMTCT) of HIV

PMTCT services were being provided in the 210 ZPCT supported facilities. A total number of 31,208 clients were provided with PMTCT services, 3,691 were positive and 4,772 received a complete course of full HIV prophylaxis. Some women were tested in the quarter and are now receiving services.

Through the continued implementation of the national “opt-out” strategy, ZPCT maintained a very high PMTCT uptake in the supported facilities. As an ongoing activity, ZPCT continued to support provision of quality PMTCT services by strengthening provision of more efficacious ARV regimens for PMTCT, same day testing and results, DBS and CD4 sample referral networks as well as hemoglobin monitoring for HIV positive mothers. With the procurement and distribution of 91 additional haemocues to the five supported provinces, more facilities were enabled to perform HB estimation on HIV positive pregnant women. This is expected to bring an increase in the AZT uptake. In addition, strengthening of mother-baby follow up in under five clinics with collection of DBS samples and initiation of cotrimoxazole prophylaxis at six weeks for HIV exposed infants was continued.

The areas of focus in PMTCT technical assistance during this reporting period include the following:

- Provision of more efficacious ARVs for HIV positive pregnant women: The WHO three tiered approach, in line with the national PMTCT protocol guidelines, is being emphasised in all the supported facilities. In addition, the need for providing focused technical assistance and reducing the use of SD NVP was stressed. Provision of triple therapy in labour (NVP/AZT/3TC) was being encouraged in line with the national PMTCT protocol guidelines. CD4 count sample referral system and emphasis on the collection of CD4 samples on the same day of antenatal booking was strengthened so that all HIV positive pregnant women are able to access CD4 count and ensure that those that are eligible are initiated on HAART.
- Strengthening mother-baby follow up: This is an ongoing pediatric HIV efforts to follow up on HIV infected mother-baby pairs through MCH services. HIV exposed babies continue to be identified; have DBS samples collected and cotrimoxazole prophylaxis initiated at six weeks to prevent Pneumocystis Pneumonia (PCP). During this quarter, 438 infants born to HIV positive mothers received cotrimoxazole prophylaxis. Technical assistance is provided to strengthen mother-baby pair follow-up through the use of PMTCT lay counselors. Infants with positive DNA PCR results are being tracked and referred to ART clinics for further management and initiation of HAART.
- Strengthening documentation: Monitoring of documentation remains one of the key focus areas for TA. ZPCT continued to encourage facility staff to document PMTCT services they were providing to women.
- Linkage of PMTCT to family planning (FP): Promoting linkages to family planning services through counseling during the ANC period and by providing dual protection method at the appropriate time after delivery continued. Facility staff are encouraged to link all pregnant mothers attending ANC to family planning services within PMTCT. In addition, all women accessing family planning services are routinely being offered HIV counseling and testing using the opt-out strategy in family planning clinics.

Key Issues/Constraints in PMTCT

- HCW strike: The 38 day strike action by HCWs in most urban hospitals and clinics negatively affected PMTCT service provision as most of the facilities were either completely closed or being manned by skeleton staff.
- Limited human resource: To address this issue, ZPCT continued to train more HCWs and community cadres in PMTCT. The trained community cadres supplement the efforts of HCWs in providing PMTCT services. In addition, limited support for transport reimbursements for off

duty facility staff who work extra shifts to provide PMTCT services has continued to be provided by ZPCT.

- Challenges in assessing CD4 count: Frequent break downs of CD4 machines and delays in repairs were experienced in Kawambwa and Mporokoso. ZPCT continued to work with vendors to ensure that repairs are conducted promptly. However, this remained a challenge because there are few experts in Zambia that can repair these machines.

For some facilities, ANC booking days were re-arranged to fit in with the laboratory scheduled days for doing CD4 evaluations.

- Shortage and erratic supply of DBS bundles: This adversely affected DBS sample collection across the five provinces as it was reported to have been a national crisis during this quarter. For some provinces, ZPCT addressed the issue by redistributing the bundles from low use facilities with excess stocks to high volume facilities as an interim measure.

5.3 Antiretroviral Therapy (ART)

During this quarter, the number of health facilities providing ART services remains at 103. However, the number of sites reporting data independently increased from 95 to 98 while five of the ART sites are reporting through the static ART sites. The five sites will also be reporting independently, once fully accredited and ART numbers are received. This process is dependent on the pace of Medical Council of Zambia. A complete list of ZPCT ART sites is available in **ANNEX E**.

ZPCT continued to provide technical assistance and mentoring in all health facilities providing ART services with a renewed focus on clinical seminars and on-site mentorship as well as quality assurance and quality improvement of services. Quality improvement assessments are expected to get better with the capacity of most facilities to be able to generate SmartCare clinical reports. The roll-out of SmartCare in ART sites continued to be a priority. During this reporting period, ZPCT supported the PHOs and DHMTs to prepare sites for pre-accreditation assessments in accordance with the accreditation guidelines.

ZPCT continued to work towards realizing and achieving universal access to care and treatment for all who need it through capacity building including on-going training of HCWs in management of paediatric ART. During this quarter, 24 health care workers were trained in paediatric ART and HIV care in Luapula Province.

ZPCT continued to refurbish clinical care and ART rooms and provide the necessary medical equipment such as stethoscopes, thermometers, sphygmomanometer, diagnostic sets, weighing scales and examination couches.

ART Services

A total of 19,736 new clients (including 1,531 children) were initiated on antiretroviral therapy this quarter with a total of 78,653 currently receiving treatment – with 5,433 children. ..

ART on-going activities:

- Implementation of SmartCare and mentorship in new ART protocols: Implementation and roll-out of SmartCare, and mentorship in new ART protocols continued through scheduled technical assistance visits and follow-ups. The process generally progressed well with the exception of a few facilities with electricity supply challenges. By the end of this quarter, 85 facilities were upgraded to a higher version of the SmartCare software (version 4) and have the capacity to start generating reports. These reports are used to review and make clinical decisions to improve and maintain quality patient care in respective sites. In addition, all health facilities are implementing the new national ART protocols.
- Collaboration with home-based care program: ZPCT continued to provide ART outreach support to three home-based care centers supported by the Ndola Catholic Diocese, including, Chishilano in Ndola, Twatasha (TRAKK) in Kitwe, and Iseni in Chingola. Outreach support was also continued at the Mpatamatu Home-based Care Centre, in Luanshya.

However, a low number of patient enrollment on ART was recorded across all the HBC centers, with only 35 patients initiated on ART compared to 28 initiated last quarter. Reduction of funding (as noted in the previous report) for ART services by the Catholic Diocese significantly affected services including staffing levels with only one nurse running the programme because

lay counselors have also left. Another challenge affecting ART services include non provision of food packs from WFP to Catholic Diocese which was acting as an incentive, especially for Iseni and TRAKK.

In addition, ART services for Mpatamatu HBC have been moved to Section 26 Clinic and an outreach team from Thomson Hospital is providing the ART services, while Mpatamatu HBC is responsible for transport logistics. As a result, more stable clients are encouraged to transfer to static sites. A total number of 488 clients, who are on ART treatment were reviewed and monitored during this quarter.

- Pediatric HIV/AIDS care and treatment: 98 of the 103 ART sites offer pediatric services. Technical assistance and mentoring to scale-up pediatric AIDS treatment continued with emphasis on routine or provider initiated CT, timely initiation of ART, and cotrimoxazole prophylaxis. In addition, pediatric ART/HIV clinic days have been set up in seven facilities this quarter including Solwezi Urban Clinic (Solwezi District), Lubuto and Chipokota clinics in Ndola, Chimwemwe clinic, Kitwe Central and Ronald Ross Hospitals. This addresses the issue of waiting time as the day is dedicated to attending to children only. At Kabwe General Hospital, a family centered approach has been established so that through a client index, other family member are identified and brought in to access CT services. Other focus areas this quarter, included usage of fixed drug combinations to improve adherence and improved mentorship using the MoH standardized approved tools.
- Orientation visit to Center of Excellence at UTH: As an additional strategy to expand pediatric HIV/AIDS interventions in the provinces, ZPCT supported PHOs and DHOs, hospital managers and facility in-charges to participate in a three day field visit to the UTH Center of Excellence, in Lusaka. The purpose of the visit was to orient managers and clinicians in order to strengthen comprehensive paediatric HIV care including the implementation of routine CT or Provider Initiated Testing and Counseling (PITC) in infants and children. Central Province was unable to conduct this activity this quarter as planned because of the health care worker strike. All facilities that participated in this program will be assisted in implementing practices and strategies that were learned.
- Ready-to-use therapeutic food (RUTF) program: This is an ongoing activity and children who are on ART and malnourished are provided with RUTF for supplementary and therapeutic feeding, with support from the Clinton Foundation HIV/AIDS Initiative. This quarter, a total of 898 children were enrolled in the program. New revised RUTF registers with more information are planned to be developed and later operationalised in the next quarter.
- Quality assurance/quality improvement (QA/QI): Following the submission of ZPCT QA/QI tools to MoH for consideration as national tools, ZPCT was advised to draft and submit a concept paper proposing to MoH the adoption of the QA/QI tools. After the document has been reviewed by the MoH, a stakeholders' consensus meeting will be held to consider the QA/QI tools for adoption.
- Accreditation of ART sites: ZPCT continued to support facilities with the accreditation process exercised by the Medical Council of Zambia (MCZ). The assessment for accreditation of sites is done in phases and MCZ resumed this exercise in the last quarter after the revised accreditation guidelines were approved. The revised guidelines are more user friendly and have realistic standards. In addition, ZPCT printed 600 copies of the revised ART accreditation guidelines and the newly introduced ART Provider Certification Guidelines which are part of the mandatory documents for accreditation. These will be disseminated to facilities in the next quarter.
- Standard Operating Procedures (SOPs) for ART, adherence counseling and post exposure prophylaxis (PEP): The provincial clinical care team completed orientations on the use of these SOPs in respective ART sites across the five provinces and simultaneously disseminated the copies to facilities and staff.
- Revision of national documents and guidelines: ZPCT continued to be involved in the revision and updating of national guidelines and documents. The opportunistic infections (OIs) training package could not be completed as planned during this quarter. This activity is scheduled to be completed next quarter.
- HIV nurse prescriber program: ZPCT worked in collaboration with General Nursing Council (GNC), MoH, CIDRZ, AIDSRelief, and the University of Alabama at Birmingham, in the development of the curriculum and implementation of this pilot programme which commenced on June 15th 2009. The first part involved orientation for clinicians involved in HIV care from the

different provinces for two days on how to mentor the nurses under the ART nurse prescriber program. A total of five mentors from ZPCT supported provinces (one from each province) participated in this orientation. This was followed by a six week classroom based and practicum in Lusaka health facilities (two weeks of didactic training and four weeks in the facilities). This will be followed by ten months practicum with their respective provincial mentors. A total of 31 nurses enrolled for the program and ten were from the five ZPCT supported provinces.

- Clinical seminars: As an on-going activity on the programme, ZPCT continued supporting clinical seminars for HCWs to build and strengthen capacity. This includes discussing case studies and any new developments in HIV care and any critical clinical or programmatic issues related to the implementation of the HIV/ART program.
- Provincial quarterly review meeting: ART review meetings were conducted in the different provinces between the Provincial Health Offices and the ZPCT provincial offices where issues regarding the ART program performance were reviewed, discussed and the way forward was agreed upon.
- Continuous Medical Education (CME): ZPCT continued to support the implementation of CME for HCWs involved in the provision of ART services. This programme is further enhancing teamwork as well as sharing of latest technical information.

Key Issues/Constraints in ART

The following challenges were faced in ART service provision:

- Health workers strike: This quarter MoH 38 day health workers' strike had a great impact on the services that ZPCT supports and ultimately this affected the service statistics.
- Patient monitoring/tracing: Adherence support workers (ASWs) are involved in the follow up of patients on ART who have missed appointments by using bicycles supplied for this purpose. However, this is not always easy in rural districts where the distances between the facility and villages are long, such as in Mpulungu, in Northern Province, ASWs are requesting for mountain bikes because of the terrain. Another challenge has been the maintenance of bicycles because they sometimes find it challenging to follow procedures to access budgeted funds.
- Baseline and monitoring tests: Stock outs of consumables, reagents, breakdown of laboratory equipment and in some cases lack of qualified laboratory personnel are some of the challenges that are being faced in carrying out baseline tests. In some cases the clinicians are not ordering these tests and giving priority for patients initiating ART compared to those being monitored.. ZPCT is working with MSL at both the central and facility levels to improve quantification and timely delivery of commodities. The availability of additional machines has improved the routine CD4 count monitoring of HIV patients. Lab equipment vendors (Beckton-Dickinson, Scientific Group and Bio-group) are providing training to facility laboratory personnel and ZPCT lab technical staff so that they are able to operate and service equipment accordingly.
- Paediatric HIV care/ART: Paediatric clinical care officers commenced the implementation and use of standard national paediatric HIV mentorship tools. These tools are administered in the form of a questionnaire to individual HCWs involved in the provision of paediatric HIV care and ART. This tool identifies individual strengths and weaknesses on the part of HCWs and this assists paediatric HIV officers to provide focused technical assistance, depending on individual HCW needs.
- PMTCT link to ART: Efforts are being made to improve linkage for HIV positive pregnant women to HAART, for those that are eligible, particularly from non-ART sites.
- Linking CT and ART: To minimize the number of children who miss out on ART once discharged from the ward and referred to ART clinics, initiation of ART on the wards continued to be encouraged. However, where this is not feasible, lay counselors assisting these clients (and their guardians) reach the ART clinics through escorted referral, once discharged from the admission wards.

5.4 Clinical Palliative Care

ZPCT is working across all health facilities to strengthen and improve palliative care for PLHA. During this quarter, all 219 reporting health facilities targeted for ZPCT assistance in this area provided clinical palliative care services. Cumulatively, a total of 105,472 clients were receiving antiretroviral care and support at ZPCT supported sites

Clinical Palliative Care Services

Technical assistance provided in clinical care as part of on-going strategy implementation is highlighted below:

- Reporting of adverse drug reactions (ADR): The revised pharrma-covigilance registers, from the Pharmaceutical Regulatory Authority (PRA) was printed this quarter and will be made available to health facilities in the next quarter.
- Diagnosis and management of opportunistic infections: This continued as an on going activity and part of the technical assistance to the health facilities.
- Scale-up cotrimoxazole prophylaxis: Implementation and strengthening of this strategy continued for both adults and children through mentorship, trainings, provision of reference guidelines, and by ensuring consistent supply and availability of cotrimoxazole in facilities.
- Routine CD4 testing of all HIV positive TB patients: As a national recommendation to strengthen TB-HIV collaboration and improve the management of TB-HIV co-infection, HCWs continue to be mentored on this strategy to ensure the routine conduct of CD4 count tests for all TB patients who are also HIV positive.
- Community activities to increase awareness and benefits of HIV services and ART: On a quarterly basis, community HIV/AIDS awareness activities that include messages that encourage the general population to access CT services is being provided in facilities closer to their respective communities.

Key Issues/Constraints in Clinical Palliative Care

- Drugs for OIs: Cotrimoxazole prophylaxis and full treatment of OIs as well as drugs for treatment of tuberculosis are readily available in most sites. However, not all OI drugs are available, particularly cytotoxic drugs for treatment of Kaposi's sarcoma and antifungal drugs (fluconazole and amphotericin B) for treatment of fungal meningitis. The MoH, through JSI, will work to ensure that there is an adequate supply of the available essential drugs in all public health facilities once the new drug logistic system is implemented.

5.5 Pharmacy Services

Support for pharmacy services are provided to all ZPCT supported health facilities. Ongoing activities include the provision of basic pharmacy equipment, furniture, and renovations to enhance pharmaceutical service delivery, training and technical assistance.

Technical Assistance in Pharmacy

ARTServ dispensing tool: Currently ZPCT provides technical support to 65 sites on the use of the updated ARTServ dispensing tool. This tool is used by pharmacy staff to record data of clients on ART, including drug regimen, side effects and drug dispensing dates and this will be expanded to all ART sites supported by ZPCT. Ongoing training of pharmacy staff in the use of ARTServ is planned to allow for staff rotation and workload reduction. In addition, ZPCT participated in the process of integration of the ARTServ dispensing tool into SmartCare, which is the GRZ approved HIV/AIDS information system for Zambia. The first TOT was from June 29 to July 3rd, 2009. Six ZPCT staff attended this training and roll-out of the new system will be conducted next quarter.

Commodity management: Technical assistance visits continued to strengthen commodity management information systems in facilities offering ART services. Guidance is provided on improving stores management including stock status update, storage space and conditions, timely ordering and collection, aggregation and proper use of commodity consumption data. The commodity inventory tracking tool developed by ZPCT to assist in inventory control and tracking of commodities, is functioning well. In addition, all facilities offering ART and PMTCT services are encouraged to adhere to ordering procedures as defined by the national ARV logistics management system and the PMTCT/ARV drug logistics system for PMTCT only sites.

Good pharmacy practice: Routine technical assistance visits were conducted focusing on mentoring facility staff on good pharmacy practices, including dispensing, medication use and enforcing adherence counseling to ensure better patient outcomes. Special focus is also being

given to the reporting of Adverse Drug Reactions (ADR) in ZPCT supported ART sites. ZPCT is currently collaborating with the Pharmacovigilance Unit of the Pharmaceutical Regulatory Authority (PRA) to ensure that registers and IEC materials are disseminated to all facilities. At the PRA's request, ZPCT is currently printing copies of the registers and IEC materials, in support of the program.

Data management and supply chain: Technical assistance continued to address non submission of returns and data which contribute to shortages of critical supplies and stock-outs. During this quarter, few facilities encountered problems in accessing selected supplies. ZPCT continued to find innovative ways to address these problems and to put measures in place to ensure that affected facilities do not continue to experience these stock-outs which adversely affect service delivery.

RUTF Program: ZPCT continued to coordinate the MoH/CHAI collaboration program to provide nutritional support in the form of RUTF (Plumpy Nut) to infants and children with HIV/AIDS in ten sites in the five provinces. Records are maintained well, enrollment criteria are being followed and monthly reports are submitted to MoH and CHAI. The guidelines are still under review but progress has been made in revising RUTF registers with more information under development and plans for onward operationalization. ZPCT continued to collaborate with MoH and other stakeholders to address issues around ensuring uninterrupted supplies of the commodity to the facilities. However, the issues around securing adequate funds are still pending and plans to further roll-out the program are also on hold. To date, 898 children have been enrolled on this program and the benefits of nutrition supplementation continue to be noted in their therapeutic outcomes as seen in the records of children graduating from this program.

Guidelines and SOPs

ZPCT continued to distribute and promote the use of the Zambia ART Pharmacy SOPs to the facilities and provides technical assistance to ensure that services are provided according to the guidelines and SOPs. Site specific adaptation of these SOPs is facilitated by ZPCT in line with GRZ policy. However, dissemination of the new ART guidelines and the need for inclusion of the new ARV logistics system procedures and forms are dependent on updated Zambia ART pharmacy SOPs. ZPCT continued to work with MoH on the issue regarding the review of the SOPs. The need for more participation from MoH and the stakeholders in this process was noted and this is expected to speed up the process. Once complete, the new SOPs will be distributed to all ZPCT static ART sites, and selected outreach ART sites.

The pharmacy services QA/QI tools continue to be administered at ZPCT supported sites. Implementation of the tools plays a key role in monitoring the quality and sustainability of services, as well as building capacity within health facilities and DHOs. These results are shared with the DHOs in order to encourage them to place appropriate staff at affected facilities. The pharmacy services QA/QI tools are currently under consideration for adoption by the MoH as the national pharmacy tools along with the QA/QI tools developed by ZPCT.

Key Issues/Constraints in Pharmacy Services

ZPCT is committed to working with partners in the provinces, districts and facilities in order to maintain an adequate supply of HIV related commodities for provision of services. The following are challenges faced in meeting this goal.

- Medical Stores Limited (MSL) logistics constraints: Occasional lapses in the transport system at MSL combined with some order delays from the districts continued this quarter. As a result, ZPCT assistance to transport critical supplies to support sites continued to be requested, but not as frequent as previous quarters. However, this is only possible when there is pre-arranged travel to destination sites. ZPCT is constantly working with facility staff to ensure that orders are submitted according to the delivery schedule requirements that MSL has issued. This has reduced on the number of stock outs experienced in some facilities.
- Lack of qualified staff in the facilities: Shortages of trained staff greatly compromise the quality of service delivery in facilities. Working with DHOs and facilities to implement the transport reimbursement system for staff working extra shifts has greatly improved this situation. This system has also greatly benefited the ART outreach program where pharmacy staff form part of the team that provides outreach services to remote facilities.
- Inadequate supply of commodities: An uninterrupted supply of commodities ensures continued service delivery across all elements of care. ZPCT continued to actively participate in national

level forecasting and quantification activities to ensure that the facilities' needs are taken into account.

- Storage space: As ART services expand, there is an increased need for space in pharmacies to store ARVs and other commodities under proper storage conditions. Assistance through the provision of even minor refurbishments and provision of furniture and equipment, such as adding shelves, lockable cabinets and air conditioners has helped to improve the situation.
- Equipment maintenance: The availability of fully functional equipment, such as computers and air conditioners, is an important aspect to provision of quality HIV/AIDS services. Breakdown of this equipment, particularly air-conditioners, affects the quality of service delivery. ZPCT continued to repair or replace equipment as needed.

5.6 Laboratory Services

Currently 111 facilities are being strengthened for laboratory services by providing technical assistance, supporting renovations, equipment maintenance, training and procurement of equipment. 81 of these laboratories are now fully operational with an additional 25 performing minimal lab support. Technical assistance is routinely provided to support laboratory needs including additional ART sites (both static and outreach).

PCR laboratory: The DNA/PCR laboratory which was developed with the aim of increasing access to early infant diagnosis of HIV continued to function well. The laboratory serves as a referral center for the five ZPCT supported provinces. ZPCT continued to provide technical assistance to focal persons to ensure proper DBS collection, packaging and transportation of the specimens to the testing center; including transporting Médecins San Frontier DBS specimens from Kapiri Mposhi to ADCH PCR laboratory.

Technical Assistance in Laboratory Services

Technical assistance in laboratory services is provided to all ZPCT supported health facilities throughout the five target provinces. The specimen referral system for CD4 which was set up to provide laboratory services even in the most outlying areas experienced some challenges during this quarter. The main reasons for this are interrupted equipment functionality, inadequate staffing at referral laboratories and incorrect implementation of the motorcycle policy. Discussions with the equipment vendors to improve the turn around time to address equipment breakdowns are ongoing. Efforts are being made to ensure that there is optimal use of the motorcycles for the benefit of the specimen referral system.

Special attention is being paid to performing internal quality control when the materials are available and not available. Facilities are encouraged and mentored to prepare their own quality control materials. Follow up on quality concerns has been made with facility laboratories who are being encouraged to send blind samples to testing corners for purposes of monitoring quality.

The national HIV rapid testing TOT was held last quarter and the piloting phase is underway for the implementation of the National HIV External Quality Assurance (EQA) program using dry tube specimen panels. ZPCT has facilitated the distribution of the panels with 189 sites having received the panels and 96 having sent back results during the quarter under review. These results have been submitted to the UTH virology laboratory which serves as the referral laboratory for the program. Compilation of results and feedback on how the system has worked is currently being awaited.

Technical assistance is ongoing to improve commodity management systems for laboratory services at all ZPCT supported health facilities. Technical assistance in this area focuses on quantification, timely ordering and storage of commodities. In addition, encouragement to all facilities offering HIV testing services to adhere to the ordering procedures as defined by the national systems in use is ongoing. Staff from all of the ZPCT supported facilities have now been trained in the use of the new HIV test kits logistics management system, and mop-up trainings have been planned for facilities that have been identified as having lost their trained staff. The transition from the old system has posed a challenge in accessing HIV test kits across various facilities in all the provinces, but the situation has generally improved this quarter.

Technical support on the use of the Laboratory Management Information Systems (LMIS), a tool used to record test data of clients on ART and adopted by the MoH, at seven health facilities

continued. The tool is working well and is being regularly modified based on feedback from users. There have been discussions regarding the possibility of integrating the system with SmartCare, as has been done with the ARTServ dispensing tool, but no plans have been made. ZPCT will follow this up with MoH to ensure that the tool is used on a wider scale.

PCR laboratory: Routine technical assistance and mentoring in quality DBS collection, packaging and transportation to district hubs was provided in the ZPCT supported districts.

Guidelines/SOPs

ZPCT continued to promote and monitor the use of the Zambia ART laboratory SOPs in facilities with laboratories, providing CT, PMTCT and/or ART services. However, in line with the launch and dissemination of the new ART guidelines, the Zambia ART laboratory SOPs were revised in the second quarter of 2008 but are still not yet in circulation. The review of the SOPs was facilitated by MoH who are also responsible for the printing and dissemination of revised SOPs. This process is still in its planning stages and will continue to be followed up next quarter.

The Internal Quality Control (IQC) guidelines previously developed are being piloted in sites that have CD4 equipment. The focus areas for the pilot were CD4 and HIV testing. Other areas in the guidelines include IQC for haematology and chemistry analysis. The piloting has been held back due to lack of control materials. However, the supply chain for these quality control materials has now improved and ZPCT plans to pilot the haematology and chemistry guidelines after an evaluation of the initial pilot for CD4 and HIV testing. The draft guidelines which were submitted to MoH have been reviewed and ZPCT is awaiting feedback from MoH on the way forward. MoH is considering another IQC model presented for consideration by another partner and ZPCT currently awaits feedback on which model to proceed with for roll-out to all sites.

PCR laboratory: ZPCT has developed SOPs outlining the techniques of DNA extraction from DBS, general laboratory guidelines, a bio-safety manual, proper use of PCR equipment and criteria for rejection of specimens. These draft documents are currently in use in the laboratory and have been submitted for review by the HIV DNA PCR laboratory subcommittee of the Early Infant Diagnosis (EID) TWG. The final step of compiling one set of national guidelines for use in all the laboratories that implement HIV DNA PCR analysis in the country is still pending and so the TWG has begun addressing this issue.

IQC monitoring continued with each test batch. In addition, the PCR laboratory participates in the CDC Proficiency Testing External Quality Assurance Program. Under this program, CDC Atlanta supplies participating laboratories with external control low positive, high positive and negative DBS specimens which are also included in every run with the Roche controls. Ten DBS specimens with unknown HIV status are also sent with every batch and when tested, the results are submitted back to CDC for evaluation. The second quarter batch of controls and unknown specimens from CDC are yet to be received and tested at the PCR laboratory. Currently, the PCR laboratory has scored 100% success in three of four proficiency tests and 80% success in one.

Specimen Referral System

The specimen referral system which provides support to facilities with limited or no laboratory capacity that ZPCT developed and implemented continued to function well. The system is functional with 141 health facilities referring specimens to 50 facilities with CD4 equipment across 32 districts. ZPCT continued to monitor the usefulness and quality, as well as to strengthen the specimen referral systems. ART sites without CD4 equipment, as well as the outreach sites, also refer specimens to the nearest facility with CD4 equipment. Specimens for baseline and monitoring investigations, chemistry and hematology analysis, are also being referred.

The referral systems in place have been evaluated in Northern, Copperbelt and North Western Provinces. The data has been presented to ZPCT staff and areas of challenge include the availability, access and proper use of fuel and reconciliation of retirement records; intermittent motorcycle functionality; frequent CD4 equipment breakdowns and interrupted reagent supplies. ZPCT continued to address these issues in order to maintain an effective referral system.

PCR laboratory:

The PCR laboratory continued to serve as a referral center for the five ZPCT supported provinces. During this quarter, all five provinces sent in DBS specimens for analysis. The specimen referral system has been expanded to transport dry blood spot samples from health facilities offering MCH services in the five target provinces to Arthur Davison Children's Hospital for early infant diagnosis of HIV in children less than 18 months old. Samples are being batched at the district hubs and transported by Express Mail Service (EMS) operated by the Zambia Postal Service to ADCH PCR laboratory in Ndola.

MoH conducted a national review of the DBS specimen referral systems to identify gaps to strengthen the systems. The findings of that review were disseminated at an EID TWG meeting held during the quarter; plans are underway to circulate these findings nation wide. As noted previously, the main challenges expressed were long turn-around-time for PCR results and access to DBS blood collection kits from MSL. MoH is currently working with partners to address the challenges noted in the report.

There is a full time laboratory manager to oversee the operation of the PCR laboratory. In addition, there are two full time biomedical scientists working in the laboratory to process and analyze the DBS specimens received from all referring facilities. One of the biomedical technologists is hired by ZPCT and the other has been assigned to the laboratory by ADCH management. The fulltime laboratory staff are assisted by the MoH staff that were trained by ZPCT in PCR laboratory techniques and work in rotating shifts to assist with the processing and analysis of DBS specimens. After challenges were faced due to a decline in the number of rotational staff providing support to the ADCH PCR laboratory, ZPCT identified and trained six additional MOH staff in HIV DNA PCR techniques who will be able to provide services to the laboratory on a rotational basis. The rotation schedule will be revised to accommodate the newly trained staff in a bid to facilitate the continuous provision of services in the laboratory. The two full time data entry clerks that ZPCT placed at the laboratory continue to support data management and the trained office assistant placed by ADCH at the PCR laboratory continued to ensure that a clean and safe environment is maintained in the laboratory.

The laboratory has seen a significant increase in the total number of DBS specimens received during this quarter. A total of 2837 DBS specimens were received from 200 facilities (45 are non ZPCT supported facilities) in three districts in the five provinces. However, of these specimens, only 2676 were tested of which 386 were positive. There was a brief stock-out of the Roche PCR kits in the lab during this quarter. The remainder of the specimens will be tested next quarter.

Equipment and Reagents

During the quarter under review, the following is the status of laboratory equipment:

- CD4 count equipment: Many challenges have been faced with CD4 equipment functionality:
 - The FACSCount at Serenje District Hospital was repaired and the new printer installed during the quarter and so the equipment is fully functional.
 - The automatic micropipettes for use on the FACSCount at Mporokoso District Hospital developed a fault and the Lusaka BD office could not repair it. ZPCT has placed the order for a replacement pipette pending delivery by the vendor.
 - The FACSCount at Zambezi District Hospital was repaired and is currently fully functional.
 - The FACSCount at Puta was fixed but there were no reagents.
 - The FACSCount at Kawambwa District Hospital developed a software problem and the fault has been communicated to the vendor and will be attended to next quarter.
 - The FACSCalibur at Mansa General Hospital also developed a fault this quarter and this fault has been communicated to the vendor.
 - The FACSCount at Kasama General Hospital has been successfully repaired and is fully functional. In addition, the FACSCalibur which had also been faulty for a while has been fixed and is fully functional.
 - Four of the 11 additional FACSCounts that ZPCT procured have been commissioned at the recipient sites, including Shimukunani RHC in Lufwanyama, Chitambo Mission Hospital in Serenje, Mpulungu RHC in Mpulungu and Mambilima Mission Hospital in Mwense. An additional five have been distributed to respective provincial ZPCT offices pending installation, training and commissioning by BD. Two instruments are awaiting distribution.

- Chemistry analyzer:
 - The Humalyser 2000 at Mwense Stage II was giving negative results. Upon assessment by the engineers it was recommended that the PCB (Power Circuit Board) be replaced. ZPCT will procure the part to enable the vendor to conduct necessary repairs.
 - The Humalyser 2000 at Kasama Location Clinic also experienced a similar fault as the one at Mwense Stage II, this fault has been communicated to the vendor
- Haematology analyzer:
 - The ABX Micros 60 at Mansa General Hospital is old and has been faulty affecting service delivery. ZPCT procured an ABX Pentra 80 and this has been installed and commissioned with onsite training and orientation provided by the vendor's engineer. More comprehensive training will be conducted once the application specialists become available. However, use of the instrument has already commenced. The ABX Micros 60 will be repaired and will provide back up services to the ABX Pentra 80.
 - The Sysmex pocH at Mansa Central Clinic is not functioning due to crystallization of tubes. After assessment by the vendor's technicians, it was recommended that all tubing in the instrument should be changed. ZPCT has commenced procurement procedures to ensure that the required parts are sourced to enable the vendor to rectify the fault.

ZPCT continued to support sites to access reagents procured by GRZ and stored at MSL. Currently most reagents are available in sufficient quantities at central level to be accessed by facilities using the national logistic system.

PCR equipment and reagents:

All the equipment procured for the PCR laboratory at ADCH, except for the backup equipment, distiller, autoclave and purifier, has been installed and is working well except for the two Eppendorf centrifuges one of which was meant to be a backup. Both pieces of equipment developed similar faults with the frequency converter in the first quarter of the year and were shipped out for repairs, but neither one has been returned. The faulty centrifuges have been substituted with three mini-centrifuges in the laboratory which has made the extraction process tedious for technical personnel. The laboratory's only incubator also recently developed a fault with the relay switch which had to be replaced and is now working normally but there is need for a smaller backup incubator and additional equipment and instruments to be used as backups. ZPCT will address these needs during the next quarter.

ADCH PCR laboratory continued to access DNA PCR laboratory consumables through the national system. These commodities are procured through CHAI and stored at MSL for onward distribution to the HIV DNA PCR laboratories in the country. The contents of these kits however do not cover the full needs of the laboratory and so ZPCT has continued to supplement. The PCR reagent kits (Roche Amplicor version 1.5) and DBS Collection Kits continue to be procured through the agreement with CHAI, stored at MSL and distributed to the facilities by MSL or with assistance from ZPCT. There continued to be an erratic supply of reagents and PCR consumables from MSL. Orders for both Roche kits and PCR consumables bundles often have to be followed by telephone to ensure timely delivery. There was a stock out of Amplicor v1.5 reagent kits as well as DBS Blood collection bundles during the quarter at MSL. This caused brief stock-outs at the PCR laboratory, as well as in some facilities, but the situation has been alleviated. ZPCT has also placed an order for the appropriate pipette tips to address the problems that the laboratory has been experiencing with the brand of pipette tips supplied through MSL which are incompatible with the ones currently in use.

Key Issues/Constraints in Laboratory Services

ZPCT is committed to working with its partners in the provinces, districts, and facilities to ensure an adequate supply of HIV and ART related commodities for provision of services. There are challenges in meeting this goal.

- Late submission of aggregated data: Submission of aggregated data on HIV related commodities (e.g. HIV rapid test kits) from DHOs to central level has improved while a few DHOs continued to be a challenge. Stock outs of test kits have continued to be experienced, but there has been an improvement in the supply of the commodity. All provinces have received training in the implementation of HIV test kits logistics system and so these shortages

will reduce further. ZPCT continued to work with the DHOs and JSI's USAID/Deliver program to build capacity at the district and facility level to ensure uninterrupted supply of test kits.

- Lack of qualified staff in the facilities: Shortages of trained staff have continued to compromise the quality of service delivery in the facilities. Although the MoH has embarked on posting laboratory graduates to hospitals and health centers, the challenge remains to be the retention of staff in these facilities. For example, Tulemane Health Centre in Mbala District has had its equipment relocated as the HR status has not changed at that facility from the reported last quarter.
- Supply of commodities: Overall, there has been a great improvement in the availability of reagents and most facilities are accessing supplies. The Supply Chain Management System (SCMS) project has disseminated the results from the evaluation of the new logistics system for laboratory commodities. It was observed that overall, the pilot was successful but it has been agreed that results of the new system should be further evaluated. However, there continued to be an erratic supply of Roche DBS blood collection kits from MSL. There was a stock out early in the quarter and various facilities are still finding challenges in accessing this commodity from MSL. ZPCT continued to work with the partners to ensure supported facilities are included in the national quantification exercises. In addition, mentoring is provided to district and facility staff on procedures to access the kits from MSL. MoH in collaboration with CHAI is currently working on a system that is expected to improve ordering of kits.
- Maintenance of diagnostic equipment: Routine preventive maintenance of diagnostic equipment is an issue and is still not being done consistently even with MoH vendor contracts in place. This results in frequent equipment breakdowns thereby interrupting laboratory testing in the facilities. ZPCT in collaboration with the vendors/suppliers (Biogroup, BD and SG) trained the ZPCT laboratory staff in preventive maintenance to deal with minor faults and only call the engineers for major issues. This has helped to curtail the long turn around time for equipment maintenance.
- PCR Laboratory: ZPCT does not have agreements with vendors to maintain any of the laboratory equipment but bi-annual certification of the class II biosafety cabinets in the laboratory is being done by ZPCT through Air Filter Maintenance Systems of South Africa. During the national PCR laboratories meeting held on June 27, 2008, a suggestion was made to have biosafety cabinets in the three laboratories certified at the same time to reduce costs for individual laboratories.
- Specimen referral systems: Overall, the specimen referral system is working well, but has continued to occasionally be affected by distances and the development of faults on the CD4, hematology or biochemistry instruments. ZPCT continued to find innovative ways of addressing these gaps, including using DHO vehicles to transport specimens and refer samples to where a CD4 instrument is functional.
- DBS specimens: The PCR laboratory is receiving specimens from non-ZPCT supported facilities in the five provinces. ZPCT working with the MoH/CHAI has been training non ZPCT supported sites in DBS preparation, packaging and transportation. Quality of specimens has improved. The challenge is the transportation system and the receipt of samples without requisition forms. Samples without requisition forms also cannot be logged into the PCR laboratory database because of the missing patient information. Continued feedback has been given and on-site visits have been made to affected facilities by ZPCT technical staff to provide mentoring to facility staff. ZPCT has continued working with the DHOs concerned to provide training and mentorship to these facilities. Delays in collection of DBS packages from hubs have reduced. However, ZPCT continued to utilize EMS as the courier for the DBS specimen network to liaise with them on this issue.

6. MONITORING AND EVALUATION (M&E)

6.1. Technical Assistance in M&E

The Strategic Information unit (SI) provided technical support to MoH aimed at strengthening systems for M&E of HIV/AIDS programs. During this reporting period, the unit began to assess the quality of reports from sites running SmartCare and using the system for reporting. The team used the SmartCare data quality control reporting tool to qualify sites to start using the reports from the SmartCare database. Currently, 85 out of 87 facilities with SmartCare have had their SmartCare computer system upgraded and the updating of records both in SmartCare and ARTIS registers is

ongoing. All ZPCT ART supported sites will start reporting ART and palliative indicators using the SmartCare system by next quarter 2009.

Monitoring and evaluation training modules were presented as a part of technical trainings during this quarter. The M&E module which covers record keeping and reporting was offered to 24 participants undergoing technical training in ART from ZPCT supported health facilities. In addition, a five day training in M&E of HIV/AIDS programs was conducted. The purpose of this meeting was to provide health information officers from Northwestern and Copperbelt Provinces with the necessary skills in monitoring and evaluating HIV/AIDS programs in Zambia. A total of 11 hospital and district health information officers were trained.

As part of SmartCare System Management, the unit facilitated the procurement of stationery (forms) for all ZPCT sites to last up to September 2009 and continued providing technical support to data entry clerks on data management and collection.

ZPCT is working in partnership with the MoH, USAID/JSI Deliver and CDC on the integration of the ARVs dispensing tool, ARV logistics system, and SmartCare has reached an advanced stage. The concept paper for this has been submitted to the MoH permanent secretary awaiting approval. Currently, work is progressing well with the commodity management module being developed.

6.2. ZPCT Indicators/Results

The table showing the service statistics and related data through June 30, 2009 from ZPCT supported sites is represented in the executive summary. It is a summary of key indicators for all ZPCT activities from all facilities. The training statistics for health care workers and lay counselors who directly provide services in all the program areas are also indicated in the table.

7. COMMUNITY MOBILIZATION AND REFERRAL NETWORKS

ZPCT is working with community groups and health facilities to prioritize couples for service provision. community purchase orders (CPOs) are being developed with community groups to disseminate information to men on the benefits of being tested with their partners, the benefits of PMTCT interventions in keeping their partners and children healthy, and to make 'male involvement' more acceptable and encouraged by the community.

The implementation of community mobilization and referral activities was a challenge this quarter due to the health care workers nationwide strike. This affected the planning and implementation of mobile CT activities, CPOs, and stigma reduction trainings. As a result, Central Province did not conduct any CPOs and mobile CT during the national CT day.

ZPCT held a two-day meeting in Kabwe from April 1 – 2, 2009 for community mobilization and referral officers and program officers to review the community program component. In addition, the meeting reviewed and discussed community strategies in strengthening PMTCT interventions for male involvement.

During this reporting period, the referral network case study for Kabwe District was completed and a draft report was submitted to ZPCT Lusaka for review. ZPCT participated in the MEASURE evaluation study of referral systems for HIV which was conducted in four African countries, including; Kenya, Nigeria, Swaziland, and Zambia. ZPCT referral model in collaboration with MoH was picked to highlight the referral systems in the ZPCT supported health facilities in Zambia.

7.1. Working with Local Community Groups

During this reporting quarter, ZPCT collaborated with the health facilities to strengthen community groups in creating awareness of HIV/AIDS clinical care services, by orienting them on community job aides for HIV CT/ PMTCT in order to strengthen their ability to disseminate messages in the community. The community groups were also oriented on the referral tools and were encouraged to motivate fellow community members to access CT and PMTCT services at facilities within their communities as an important entry point for care and treatment, with emphasis being placed on the referral of children for CT services and male involvement.

Copperbelt Province worked with three faith based organizations (FBOs) including, Mutende HBC, Oasis of Love, and Reigners of Life, through CPOS to mobilize and sensitize the community on paediatric CT and PMTCT. These groups used door-to-door campaign and drama performances to inform the community on the importance of partner notification and the implications that this has on care, treatment and services for women and children. In addition, ZPCT implemented nine CPOs with community groups in the four other ZPCT supported provinces, this quarter. A detailed list of CPOs implemented by site is provided in **ANNEX F**.

Community Volunteers

During this quarter, there were no trainings for lay counselors and adherence support workers (ASWs) in all the ZPCT supported provinces. Currently, a total of 1,247 community volunteers have been trained across the five supported provinces and are currently working in the facilities. The 1247 community volunteers include 492 lay counselors, 234 community PMTCT counselors and 521 ASWs.

ZPCT completed all the planned community volunteer seminars, with Central Province conducting the last seminar. The purpose of the two-day seminar for the community cadres (lay counselors, PMTCT volunteers, adherence support workers) was to allow sharing of experiences, best practices, achievements, and challenges among the volunteers and the facilities, as well as to provide technical updates in their areas of work such as updates on HIV testing, the pediatric ART scale-up, follow-up of pregnant women and infant diagnosis. During the seminars, facility staff and supervisors were invited to participate, share experiences and respond to volunteer queries.

7.2. Referral Network

ZPCT continued to collaborate with DHOs to facilitate initiation and strengthening of existing referral networks in districts where ZPCT is supporting HIV/AIDS care and treatment services. To date, a total of 32 referral networks have been established and three are in various stages of development. During the reporting period, Kabwe referral network continued data inputting in the established database to monitor and report on referral activities. ZPCT will continue to monitor and review the Kabwe referral network database to determine whether it can be adapted for use by other networks.

During this quarter, ZPCT supported referral review meetings in all the five provinces with the view of strengthening the coordinating unit's role in resource mobilization for the sustainability and functionality of the networks.

ZPCT continued to work with neighborhood health committees (NHCs) in all the five provinces to refer clients as part of their routine community-based activities within their facility catchment areas. However, the distance between the facility and district that NHCs represent is a challenge. It may not be feasible to have all the NHCs represented at the district level referral network. ZPCT is working with facility staff in strengthening facility based referral networks, especially in the rural provinces.

DECs placed in the ART clinics have proved effective in improving documentation of referral of clients from PMTCT to ART. In Kasama, health facilities have continued using the district referral network form for internal facility referrals. This has resulted in the strengthening of the intra/internal referrals and monitoring of HIV-infected pregnant women accessing the ART clinic.

The Mansa District-wide referral network and the facility based referral network established at Chembe RHC have continued collaborating within their areas of operation. The network members have been referring clients for the required services and are receiving constructive feedback. During the quarter, Mansa District-wide referral network held a meeting where all members were represented to review performance in strengthening HIV/AIDS care and support programs for the district. During the meeting, it was agreed that meetings for the network should be held every quarter.

A detailed list of the ZPCT supported referral networks is available in **ANNEX G**.

Key Issues/Constraints for Community Mobilization and Referral Networks

The following challenges relate to community mobilization and referral networks encountered this quarter:

- Retention of lay counselors: Lay counselor's retention continued to be a challenge because some move to other organizations due to monetary incentives. ZPCT continued to train more lay counselors to cover the gaps in HIV CT services.
- Large referral networks: ZPCT established district wide referral networks continue to grow and coordination among members for provision of feedback and collection of monthly reports remains a challenge. The established Kabwe referral network database is being used by members to input and generate their referral activities reports. ZPCT is working towards adapting the referral network database for use by other networks.
- Fear of disclosure of status: Couples' fear to disclose their HIV status still remains a challenge. It is difficult to target HIV exposed children for pediatric CT in cases where HIV status disclosure by the women to their spouses has not been done, and consent has not been sought from the parents. PMTCT service providers are continuously encouraged to promote male involvement in PMTCT services through its community mobilization activities which include the involvement of local/traditional leaders and community organizations using community purchase orders.

8. QUALITY ASSURANCE AND QUALITY IMPROVEMENT (QA/QI)

ZPCT remains committed to providing high quality HIV services assessed using QA/QI tools in each technical area. MoH facility staff, DHO and PHO staff continue to be oriented in this QA/QI system to increase effectiveness of collaboration with ZPCT in providing HIV services of high standards. This quarter, a QA/QI orientation workshop was held for Northern Province MoH staff at the request of PHO including non ZPCT supported districts in a bid to improve service quality across the province. Northern Province ZPCT staff also received refresher training in QA/QI and graduation processes completing this activity in all ZPCT supported provinces.

All provinces are now successfully using the revised graduation tools. This has improved the assessment of targeted district facilities towards graduation.

Administration of QA/QI Tools

ART/clinical care tools: During this quarter, ART/clinical care QA tools were administered in 96 ART sites. These tools include the ART facility checklist and ART provider tools. Technical assistance was provided so that national guidelines on ART are implemented in health facilities. This includes baseline and follow up monitoring of critical liver function, renal function, hemoglobin, and CD4 count of HIV positive patients and those initiated on ARVs. Technical assistance also involves implementing recommended national ARV regimens. ZPCT also ensures that national MCZ accreditation guidelines are well understood and implemented in health facilities. This includes re-enforcing the importance of having functional QA/QI committees and regular ART clinical meetings in health facilities.

Challenges to providing quality ART and HIV/AIDS clinical care services were faced in health facilities across all five provinces. Patient file reviews revealed that both baseline and routine monitoring critical tests such as kidney function tests, liver function tests and immunological tests (CD4 counts) were not consistently conducted. This resulted from delays in receiving laboratory results, frequent breakdown of laboratory equipment or lack of equipment. ART meetings and clinical case review meetings to discuss ART case management and quality of care were also not being conducted regularly. Most facilities still had not established QA/QI committees to discuss and follow up on quality problems observed. In addition, QA/QI information generated through the QA Tools was not being utilized by facility management for decision making.

PMTCT/CT: This quarter, 215 health facilities administered the tools. ZPCT continued to administer the CT/PMTCT QA tools: facility checklist, CT provider tool, PMTCT provider tool, and counselor reflection form.

Challenges encountered in providing quality PMTCT/CT services included constraints in logistics management with several sites experiencing stock outs of HIV test kits. There continued to be a shortage of counselor supervisors. As a result, routine and regular monthly counselor supervision was not being conducted. Inability to conduct quality control (QC) testing of 10% of all HIV tests performed by lay counselors has also been a persistent problem from previous quarters where lay counselors not being authorized to carry out venipunctures, HCW shortages and constraints in establishing systems to transport QC samples to appropriate laboratories have been difficult to

address. In addition, routine integration of CT services in to TB and family planning services remains a challenge.

Laboratory infrastructure: Laboratory QA tools were administered in 70 health facility laboratories. These tools assess the status of lab record management, availability of essential recommended guidelines and reference materials, laboratory safety and space. The QA tools also assess the status of the sample referral system, lab equipment and quality control systems.

Many sites have experienced frequent breakdown of laboratory equipment with delays in repair and maintenance. As a result, there has been poor availability of critical laboratory tests and results required to provide quality care for treatment and monitoring of HIV positive patients. Stock-outs of commodities including DBS bundles, HIV test kits and reagents occurred in the past quarter disrupting smooth provision of services. In addition, some sites were lacking secure store rooms for storage of laboratory commodities and products. Several sites lacked National Reference Materials. As previously reported, EQA/IQC activities are not routinely being conducted or recorded. Some facility laboratories continue to have no fire fighting or first aid equipment. ZPCT continued to procure and deliver fire extinguishers in facilities that did not have them.

Pharmacy: Pharmacy QA tools were administered in 51 health facility pharmacies. These were the pharmacy bulk store tool, dispensing and medication tool, and pharmacy records tool. The QA tools assess commodity storage and management, counseling and dispensing procedures, pharmacy record management and space.

Stocks were being stored on the ground in several sites due to lack of pallets in their pharmacy bulk store. Some sites did not have functional Adverse Drug Reaction (ADR) committees in place. In addition, a lack of ADR forms resulted in ADRs not routinely being reported or recorded. Several facilities were not conducting drug utilization studies.

Monitoring and Evaluation (M&E): The M&E QA tool was administered in 219 sites. It assesses the quality of record management for CT/ PMTCT services and ART and clinical care.

Some facilities did not have pre-ART registers and those that have had not updated these registers to reflect current service statistics. Variance between reported figures from primary data sources particularly in PMTCT data was encountered in some sites. A few facilities have incomplete data stored with missing copies of ZPCT summary reports from previous reporting periods. Lack of adequate supervision of Data Entry Clerks (DECs) by relevant facility staff at several sites also proved a challenge.

Facility Graduation Sustainability Plan

As ZPCT comes to a close, the graduation and sustainability plan continued to be implemented. This plan guides decision making for targeted districts to be smoothly transitioned from ZPCT to MOH support based on evidence of readiness for graduation. This progress towards district graduation requires to be monitored monthly in targeted districts.

Mufumbwe and Kabompo Districts in North Western Province were graduated this quarter bringing the total number of graduated districts to ten. Post graduation plans continue to be implemented in the six month post graduation period to ensure that high quality HIV services are maintained under MoH support. This includes the administration of QA/QI tools and monitoring quality of service provided in these districts.

Luapula Province: Despite being targeted for graduation, Kawambwa was unable to graduate due to inadequate staffing in the laboratory, leading to unsatisfactory performance of Kawambwa District Hospital laboratory.

Northern Province: Mbala District did not meet the graduation criteria this quarter, due to the need for the sample referral system to be strengthened in some sites and technical assistance to some laboratories was required to establish functional laboratory HIV services. In addition, high PMTCT/CT staff turnover in facilities created shortages of trained staff and disruption of service provision.

Copperbelt Province: Chingola, Chililabombwe and Mufulira were not graduated this quarter due to inconsistent supply of SmartCare forms and stationary, and lack of QA/QI committees in several facilities. PMTCT/CT constraints included stock outs of HIV test kits, delays in conducting CD4 count tests for antenatal mothers, DBS samples not consistently collected for all HIV exposed babies and

routine child counseling and testing not well established in some under-five clinics. Pharmacy constraints included lack of trained staff in pharmaceutical management of ART and use of logistics systems, stock-outs of drugs for management of opportunistic infections, unavailable national SOPs and inadequate storage and dispensing area conditions in several sites. Laboratory constraints were lack of staff adequately trained to perform critical tests, lack of EQA/ IQC being conducted and long sample turn around times with challenges in the specimen transportation for the external sample referral system.

North Western Province: Kabompo and Mfumbwe Districts were graduated this quarter.

Some challenges were faced in graduating Solwezi District. HIV positive patients were not being initiated on the recommended National first line ARV regime. In addition there was inadequate space for ART activities such as adherence counseling in some facilities. The main constraint faced in PMTCT/CT was difficulty in ensuring HIV positive antenatal mothers had blood drawn for CD4 count on the same day that they received their HIV test results. Routine pediatric HIV counseling and testing in under-5 clinics also required to be established in most facilities. Similar constraints were faced in Mwinilunga District with additional need for ART staff in some facilities.

Central Province: Despite having been targeted for graduation this quarter, Serenje District was not graduated. Challenges to graduation were lack of QA/QI committees in place, inadequate space for ART activities due to increasing patient load in some facilities and severe staff shortages affecting PMTCT/ CT service provision in a few facilities.

Key Issues/Constraints in QA/QI

The main challenges faced this quarter were:

- Tracking district graduation and sustainability: Some provinces are still unable to track the graduation process monthly in all targeted districts due to other technical activities keeping staff away from the office and change of technical staff.
- Lack of QA/QI focal person at MoH: MoH has been restructured resulting in loss of their QA/QI focal point person who was key in the process of MoH adoption of the QA tools. As a result, progress has slowed down. The MoH ART program coordinator has since been identified as an appropriate alternative officer to work with on the adoption process for the ZPCT QA/QI tools by MoH.
- Lack of national guidelines on implementing QI: Health facilities, DHO and PHO continue to lack clear guidelines from MoH on how to institutionalize and implement the QI processes. In addition, despite MoH roll-out of trainings in Quality Improvement using Performance Improvement Approach (PIA), developing accompanying MoH guidelines and reference materials has been slow and not completed as scheduled. These reference documents would provide the much needed basic guidelines for MoH staff on quality improvement expectations at national level and strengthen the QI mandate.

9. TRAINING

As part of the site preparation that was conducted jointly with the PHOs, DHOs and facilities, training needs were determined for each facility. Training for facilities is planned and participants are selected in consultation with the PHOs, DHOs, and facility management. Maintaining an adequate number of trained staff in the face of frequent staff transfers is an ongoing challenge in all districts.

The directive from the U.S. Embassy on training per diems continued to be an issue. This has decreased the participation in trainings since many of the MoH staff are not willing to conduct training without the facilitation fees. ZPCT continued to use consultants and ZPCT staff to provide the training.. Additional training activities are planned for next quarter to meet the targets.

During this quarter, health facility staff attended courses in laboratory and pharmacy (85 HCWs), (24 HCWs), DBS 16 HCWs and 15 MoH M&E staff and data entry clerks were trained in SmartCare software use.

The M&E modules which cover record keeping and reporting for respective technical areas were offered to participants undergoing technical trainings in CT, PMTCT and ART from ZPCT supported health facilities.

10. PLANS FOR THE NEXT QUARTER (April – June 2009)

ZPCT will continue to partner with MoH and other partner organizations at the provincial and district levels and with staff and management in the supported facilities. In addition to starting the process for closing out ZPCT and transitioning to ZPCT II, a summary of the plans for the next quarter (July – September 2009) is given below:

Technical Area	Planned Activity
CT	<ul style="list-style-type: none"> Provide technical support and capacity development to the provincial offices as needed.
	<ul style="list-style-type: none"> Pilot the HIV DBS testing for quality control.
	<ul style="list-style-type: none"> Revise and produce job aids for use in new health facilities including developing youth centered job aids.
	<ul style="list-style-type: none"> Continue to strengthen linkages to ART, family planning and other services in the facilities.
	<ul style="list-style-type: none"> Orient HCWs (in new facilities) in implementation of routine CT for children in care (with creation of child friendly corners), giving of same day results & strengthen in old facilities.
	<ul style="list-style-type: none"> Strengthen (in old facilities) and initiate (in new sites) the integration of CT services in TB, FP, STI and promoting male circumcision by referring uncircumcised male CT clients for MC in all ZPCT supported facilities.
	<ul style="list-style-type: none"> Train 20 HCWs in Basic CT, 12 in counseling supervision and 25 in child CT services (15 HCW and 10 lay).
	<ul style="list-style-type: none"> Strengthen supervision of counselors and implementation of QA/QI tools for CT services.
	<ul style="list-style-type: none"> Participate in NAC CT Technical Working Group.
	<ul style="list-style-type: none"> Support provincial offices with TA and capacity development as needed.
PMTCT	<ul style="list-style-type: none"> Continue scale up of PMTCT services and support provision of outreach ANC services with strengthened documentation of services provided.
	<ul style="list-style-type: none"> Strengthen mother baby pair follow up including initiation of cotrimoxazole prophylaxis and DBS sample collection at six weeks for HIV exposed babies.
	<ul style="list-style-type: none"> Strengthen provision of more efficacious ARV regimens for PMTCT to reduce the use of SD NVP (in old sites), initiate this activity in the new sites and strengthen the linkages to ART services (both in old and new sites)
	<ul style="list-style-type: none"> Print IVP registers for some provinces and facilities with no registers to supplement MoH efforts.
	<ul style="list-style-type: none"> Collaborate with laboratory and pharmacy unit to strengthen CD4 sample referral both in old and new ZPCT supported facilities.
	<ul style="list-style-type: none"> Procure 54 Hemocue machines for all the new sites in year 1 to facilitate HB estimation and the giving of AZT to HIV positive women
	<ul style="list-style-type: none"> Revise and produce job aids for use in new health facilities.
	<ul style="list-style-type: none"> Continue to strengthen the linkages for PMTCT and family planning services among ANC mothers during the postnatal period especially for HIV infected mother
	<ul style="list-style-type: none"> Use the PMTCT community counselors to establish and support HIV positive mother support groups at health facility and community level.
	<ul style="list-style-type: none"> Facilitate the distribution of national protocol guidelines to all new ZPCT supported facilities.
	<ul style="list-style-type: none"> Strengthen the implementation of QA/QI systems for PMTCT services.
	<ul style="list-style-type: none"> Finalize the evaluation of the use of the NVP infant dose pouch in the ten selected ZPCT supported facilities.
	<ul style="list-style-type: none"> Participate in the MoH PMTCT, Family Planning and Pediatric National Working Technical Group and the DBS/PCR stakeholders' committee.
	<ul style="list-style-type: none"> Strengthen (in old sites) and initiate (in new sites) male involvement in PMTCT services
	<ul style="list-style-type: none"> Provide technical assistance and mentorship to scale-up pediatric ART.
	<ul style="list-style-type: none"> Distribute the MoH approved SOPs for ART, post-exposure prophylaxis and adherence.
	<ul style="list-style-type: none"> In collaboration with the SI unit, orient HCWs in supported sites to start generating SmartCare clinical reports to assist in reviewing and improving the quality of patient care.
	<ul style="list-style-type: none"> In line with the ART accreditation guidelines, ensure all ART sites have ART teams and QA committees.
	<ul style="list-style-type: none"> Ensure all supported ART sites fulfill the requirements of the revised ART accreditation document and receive accreditation.
	<ul style="list-style-type: none"> Administer QA/QI tools in collaboration with health facility staff, DHOs and PHOs and all ART sites discuss the QA/QI feedback summary reports together with the SmartCare Clinical reports as part of their QA Committee meetings.
	<ul style="list-style-type: none"> Implement facility based Continuing Medical Education (CME) program in ART sites with MoH and other partners.
	<ul style="list-style-type: none"> Provide technical assistance and mentoring on new national ART protocol guidelines and SmartCare system.
	<ul style="list-style-type: none"> Strengthen the established comprehensive care centre for the family at ADCH and replicate this model in other high volume hospitals.

Technical Area	Planned Activity
	<ul style="list-style-type: none"> Revise pediatric job aids to include initiation on HAART of HIV infected infants and usage of fixed drug combinations (FDCs). Ensure the provincial teams plan and implement regular clinical seminars at facility level to improve group mentoring. Strengthen paediatric HIV services and usage of the MoH approved standardized mentorship guidelines to improve pediatric individual health worker mentoring. Implement fast tracking of reactive (positive) DBS results from ADCH to the provinces to provide follow-up care and treatment to children and share statistics of both HIV positive and negative results from DBS with the PHOs, DHOs and facility staff.
Laboratory	<ul style="list-style-type: none"> Develop schedules for ZPCT staff to conduct periodic routine maintenance on laboratory equipment based on trainings conducted in previous quarters. Continue to monitor and facilitate the implementation of the National HIV EQA program using dry tube specimen panels in ZPCT supported facilities. With guidance from MoH, conduct one day phlebotomy training in view of new Vacutainer blood collection system as introduced by BD. Complete installation of seven FACSCounts for CD4 analysis to increase the number of referral laboratories to 51. Develop indicators and tools for monitoring the sample referral and transportation system and IQC usage and conduct an evaluation of the system. Continue to monitor the use of the automated systems in laboratories at ART sites to enhance the process of accurate management of data. Conduct technical review and update meeting with provincial and Lusaka pharmacy and laboratory officers. Participate in the national quantification exercises for laboratory commodities and HIV test kits to ensure that ZPCT facilities are included in the national commodity procurement plans. Participate in the National Laboratory Services Strengthening Committee to ensure that ZPCT's laboratory strategic approach is in line with the national objectives for laboratory services in Zambia. Support provincial offices in the implementation of the provincial close-out plans.
ART, Pharmacy	<ul style="list-style-type: none"> Facilitate the roll-out of the SmartCare integrated ARTServ dispensing tool to all ZPCT supported sites currently using the system. Continue to monitor the implementation of the RUTF (Plumpy Nut) program and work with MoH on the completion of the national guidelines. Facilitate the dissemination of the new revised RUTF registers. Finalize the printing of Adverse Drug Reaction reporting forms and the supplementary IEC materials in support of the implementation of the pharmaco-vigilance program at ART centers. Roll out the usage of pharmaco-vigilance registers to standardize reporting of adverse drug reactions. Monitor the implementation of the ARV logistic system. Participate in the roll-out of the re-designed PMTCT Drug Logistics System in ZPCT-supported PMTCT only facilities. Contribute to the development of the National HIV/AIDS Commodities Security (HACS) strategic plan together with other implementing partners and the MoH.
PMTCT/ Laboratory	<ul style="list-style-type: none"> Implement and monitor the DBS courier network. Ensure the functionality of the PCR laboratory for early infant diagnosis. Complete trainings of HCWs in dry blood spot collection, sample handling, storage and transportation and operationalize implementation of early infant diagnosis using PCR technology at additional health facilities. Strengthen sample referral system for CD4 analysis to enhance provision of more efficacious ARVs for PMTCT. Follow up on review of SOPs outlining the techniques of DNA extraction from DBS, general laboratory guidelines, proper use of PCR equipment and criteria for rejection of specimens by PCR laboratory subcommittee for comparison with the other two PCR laboratories in the countries.
QA/QI	<ul style="list-style-type: none"> Continue to work closely with MoH to institutionalize and develop a National QA/QI system for HIV/AIDS services. Provide technical support and move the plan forward for district graduation for all provinces. Strengthen procedures to ensure that collected data is analyzed, documented and disseminated on a quarterly basis. Roll out QA/QI Data Audits to targeted ZPCT supported provinces. Conduct SI unit review meeting. Review M&E QA tools. Collaborate with MoH in finalizing national training package for Performance Improvement Approach. Provide technical assistance to the provinces on the systematic and regular use of all QA/QI tools and graduation plans. Collect and analyze QA/QI data to identify support needs for sites performing poorly.

Technical Area	Planned Activity
	<ul style="list-style-type: none"> Support ART sites in attaining national accreditation status from the MCZ/ MoH and track ART site progress towards achieving accreditation. Strengthen feedback and evaluation mechanisms to ensure that QA/QI goals are accomplished and concurrent with standard outcomes. Collaborate with MoH in conducting QC of finger prick test for HIV testing in supported sites using dry tube specimens. Documentation and dissemination of ZPCT lessons learnt in QA/QI and development of recommendations on improving function of the QA/QI system. Finalize proposal for client exit interviews.
M&E	<ul style="list-style-type: none"> Conduct semi-annual data audits for sampled sites in all provinces Conduct site visits to provide data management support and ensure data is collected. Collaborate with MoH and partners to implement and support SmartCare in ART sites. Provide TA on data management and QA/QC for information systems such as SmartCare, ARV dispensing tool, Lab MIS and PCR. Conduct ZPCT M&E technical update meeting. Implement a geographical information system (GIS) for use in data management, analysis and presentation. Design facility profile data collection template and collect facility profile data from supported sites.
Community mobilization and Referral Network	<ul style="list-style-type: none"> Implement at least six CPOs and conduct at least four mobile CT activities across the five provinces. Conduct ten stigma orientations for facility staff, clients visiting the facilities and community members and 5 stigma TOT for health care workers. Conduct quarterly referral network review meetings. Complete documentation of ZPCT Kabwe experience in initiating and strengthening district based referral networks, including analysis of referral data. Complete the development and strengthening of referral networks in the remaining three districts.

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ANNEX A: ZPCT Supported Facilities by Province

Central Province: ZPCT Supported Services

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
Kabwe	1. Kabwe General Hospital	◆		◆		◆		◆	◆ ³	
	2. Mahatma Gandhi HC		◆ ¹	◆		◆		◆	◆ ³	
	3. Kabwe Mine Hospital		◆		◆	◆		◆	◆	◆
	4. Bwacha HC				◆	◆		◆	◆	◆
	5. Makululu HC		◆ ¹	◆		◆		◆	◆	◆
	6. Pollen HC		◆ ¹	◆		◆		◆		◆
	7. Kasanda Urban Health Clinic		◆ ¹	◆		◆		◆	◆	◆
	8. Chowa HC			◆		◆		◆	◆	◆
	9. Railway Surgery HC			◆		◆		◆	◆	◆
	10. Katondo HC		◆ ¹	◆		◆		◆	◆	◆
	11. Ngungu HC		◆ ¹	◆		◆		◆	◆	◆
	12. Natuseko HC		◆ ¹	◆		◆		◆	❖	◆
	13. Mukobeko Township HC				◆	◆		◆		◆
	14. Kawama HC			◆		◆		◆		◆
	15. Kasavasa HC				◆	◆		◆		◆
Mkushi	16. Mkushi District Hospital		◆		◆	◆		◆	◆ ³	
	17. Chibefwe HC				◆		◆	◆		◆
	18. Chalata HC		◆ ¹		◆		◆	◆	❖ ²	◆
	19. Masansa HC		◆ ¹		◆		◆	◆	❖ ²	◆
	20. Nshinso HC			◆		◆		◆		◆
	21. Chikupili HC				◆	◆		◆		◆
Serenje	22. Serenje District Hospital	◆		◆		◆		◆	◆ ³	
	23. Chitambo Hospital		◆	◆		◆		◆	◆	◆
	24. Chibale RHC				◆	◆		◆		◆
	25. Muchinka RHC				◆		◆	◆		◆
	26. Kabundi RHC				◆		◆	◆		◆
Chibombo	27. Liteta District Hospital	◆			◆	◆		◆	◆ ³	
	28. Chikobo RHC				◆	◆		◆		◆
	29. Mwachisompola Health Demonstration Zone				◆	◆		◆	◆	◆
	30. Chibombo RHC				◆	◆		◆		◆
	31. Chisamba RHC		◆ ¹		◆	◆		◆	❖	◆
	32. Mungule RHC				◆	◆		◆		◆
	33. Muswishi RHC				◆	◆		◆		◆
	34. Chitanda RHC				◆	◆		◆		◆
Totals		3	13	14	20	29	5	34	16 active 3 planned	28 active 0 planned

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ Services have started

❖ Services are planned, but not yet started

*New facilities are indicated in red.

1 = Outreach ART Site

2 = Facility has a laboratory but not yet functional

3 = Referral laboratory for CD4

Copperbelt Province: ZPCT Supported Services

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
Ndola	1. Ndola Central Hospital	◆		◆			◆	◆	◆ ³	
	2. Arthur Davison Hospital	◆			◆	◆		◆	◆ ³	
	3. Lubuto HC	◆ ¹		◆		◆		◆	◆	◆
	4. Chipulukusu HC		◆ ¹	◆		◆		◆	◆	◆
	5. Chipokota Mayamba HC	◆ ¹		◆		◆		◆	◆	◆
	6. Mushili Clinic			◆		◆		◆		◆
	7. Nkwazi Clinic			◆		◆		◆		◆
	8. Kawama HC			◆		◆		◆	◆	◆
	9. Ndeke HC			◆		◆		◆		◆
	10. Dola Hill Urban Clinic			◆		◆		◆		◆
	11. Kabushi Clinic			◆		◆		◆	◆ ²	◆
	12. Kansenshi Prison Clinic		◆ ¹	◆		◆		◆	◆	◆
	13. Kaloko Clinic			◆		◆		◆		◆
	14. Kaniki Clinic		◆	◆		◆		◆		◆
	15. Kavu Clinic	◆ ¹		◆		◆		◆	◆	◆
	16. New Masala Clinic		◆ ¹	◆		◆		◆	◆	◆
	17. Pamodzi-Sathiya Sai Clinic			◆		◆		◆		◆
	18. Railway Surgery Clinic			◆		◆		◆		◆
	19. Twapia Clinic	◆ ¹		◆		◆		◆	◆	◆
Chingola	20. Nchanga N. General Hospital	◆			◆	◆		◆	◆ ³	
	21. Chiwempala HC	◆ ¹			◆	◆		◆	◆ ³	
	22. Kabundi East Clinic	◆ ¹			◆	◆		◆	◆	◆
	23. Chawama HC				◆	◆		◆	◆	◆
	24. Clinic 1 HC		◆ ¹	◆		◆		◆	◆	◆
	25. Muchinshi Clinic		◆ ¹		◆	◆		◆	◆	◆
	26. Kasombe Clinic				◆	◆		◆		◆
Kitwe	27. Kitwe Central Hospital	◆		◆		◆		◆	◆ ³	
	28. Ndeke HC	◆ ¹		◆		◆		◆	◆ ³	
	29. Chimwemwe Clinic	◆ ¹		◆		◆		◆	◆ ³	
	30. Buchi HC		◆ ¹	◆		◆		◆	◆	◆
	31. Luangwa HC		◆ ¹	◆		◆		◆	◆	◆
	32. Ipusukilo HC	◆ ¹		◆		◆		◆	◆ ²	◆
	33. Bulangililo Clinic		◆ ¹		◆	◆		◆	◆	◆
	34. Twatasha Clinic				◆		◆	◆		◆
	35. Garnatone Clinic						◆	◆		◆
	36. Itimpi Clinic			◆		◆		◆		◆
	37. Kamitondo Clinic				◆	◆		◆		◆
	38. Kawama Clinic		◆ ¹		◆	◆		◆	◆	◆
	39. Kwacha Clinic				◆	◆		◆		◆
	40. Mindolo 1 Clinic				◆	◆		◆	◆	◆
	41. Mulenga Clinic			◆		◆		◆		◆
	42. Mwaiseni Clinic				◆		◆	◆		◆
	43. Wusakile Government Clinic				◆	◆		◆	◆	◆
	44. ZAMTAN Clinic	◆ ¹		◆		◆		◆	◆	◆
	45. Chavuma Clinic	◆ ¹		◆		◆		◆		◆
	46. Kamfinsa Prison Camp Clinic		◆	◆		◆		◆		◆
	47. Mwekera Clinic			◆		◆		◆		◆
	48. ZNS Clinic	◆ ¹		◆		◆		◆		◆

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
Luanshya	49. Thompson District Hospital		◆		◆	◆		◆	◆ ³	
	50. Roan General Hospital		◆		◆	◆		◆	◆	◆
	51. Mikomfwa HC				◆		◆	◆		◆
	52. Mpatamatu Sec 26 Urban Clinic		◆ ¹		◆		◆	◆	◆	◆
Mufulira	53. Kamuchanga District Hospital	◆		◆		◆		◆	◆ ³	
	54. Ronald Ross General Hospital	◆			◆	◆		◆	◆ ³	
	55. Clinic 3 Mine Clinic			◆			◆	◆		◆
	56. Kansunswa HC			◆			◆	◆		◆
	57. Clinic 5 Clinic			◆		◆		◆		◆
	58. Mokambo Clinic			◆		◆		◆		◆
Kalulushi	59. Kalulushi Government Clinic	◆			◆	◆		◆	◆ ³	
	60. Chambishi HC		◆ ¹		◆	◆		◆	◆	◆
	61. Chibuluma Clinic				◆	◆		◆		❖
Chililabombwe	62. Kakoso District HC	◆		◆		◆		◆	◆ ³	
	63. Lubengele Urban Clinic		◆ ¹	◆		◆		◆	◆	◆
Lufwanyama	64. Mushingashi RHC			◆		◆		◆		◆
	65. Lumpuma RHC	◆ ¹		◆		◆		◆		◆
	66. Shimukunami RHC	◆ ¹		◆		◆		◆	◆	◆
Totals		22	15	42	23	58	8	66	33 active 5 planned	49 active 2 planned

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ Services have started	1 = Outreach ART Site
❖ Services are planned, but not yet started	2 = Facility has a laboratory but not yet functional
*New facilities are indicated in red.	3 = Referral laboratory for CD4

Luapula Province: ZPCT Supported Services

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
<i>Chienge</i>	1. Puta RHC	◆			◆	◆		◆	◆	◆
	2. Kabole RHC		◆		◆		◆	◆	◆	◆
<i>Kawambwa</i>	3. Kawambwa District Hospital	◆		◆		◆		◆	◆ ³	
	4. Mbereshi Hospital		◆	◆		◆		◆	◆ ³	
	5. Kawambwa HC			◆		◆		◆		◆
	6. Mushota RHC				◆		◆	◆		◆
<i>Mansa</i>	7. Mansa General Hospital	◆		◆		◆		◆	◆ ³	
	8. Senama HC		◆ ¹		◆		◆	◆	◆ ³	
	9. Central Clinic				◆	◆		◆	◆	◆
	10. Matanda RHC				◆		◆	◆		◆
	11. Chembe RHC		◆		◆		◆	◆	◆	◆
	12. Buntungwa RHC				◆		◆	◆		◆
	13. Chipete RHC				◆		◆	◆		◆
	14. Chisembe RHC				◆		◆	◆	◆	◆
	15. Chisunka RHC				◆		◆	◆		◆
	16. Fimpulu RHC				◆		◆	◆		◆
	17. Kabunda RHC				◆		◆	◆		◆
	18. Kalaba RHC				◆		◆	◆		◆
	19. Kalyongo RHC				◆		◆	◆		◆
	20. Kasoma Lwela RHC				◆		◆	◆		◆
	21. Katangwe RHC				◆		◆	◆		◆
	22. Kunda Mfumu RHC				◆	◆		◆		◆
	23. Luamfumu RHC				◆	◆		◆	◆	◆
	24. Mabumba RHC				◆		◆	◆		◆
	25. Mano RHC				◆		◆	◆		◆
	26. Mantumbusa RHC				◆	◆		◆		◆
	27. Mibenge RHC				◆		◆	◆		◆
	28. Moloshi RHC				◆	◆		◆		◆
	29. Mutiti RHC				◆	◆		◆		◆
	30. Muwang'uni RHC				◆	◆		◆		◆
	31. Ndoba RHC				◆		◆	◆		◆
	32. Nsonga RHC				◆		◆	◆		◆
	33. Paul Mambilima RHC				◆		◆	◆		◆
<i>Milenge</i>	34. Mulumbi				◆	◆		◆		
<i>Mwense</i>	35. Mambilima HC (CHAZ)		◆ ¹		◆	◆		◆	◆	◆
	36. Mwense HC		◆ ¹		◆	◆		◆	◆ ³	
	37. Chibondo RHC						◆	◆		◆
	38. Chipili RHC				◆		◆	◆		◆
	39. Chisheta RHC						◆	◆		◆
	40. Kalundu RHC						◆	◆		◆
	41. Kaoma Makasa RHC				◆		◆	◆		◆
	42. Kapamba RHC				◆		◆	◆		◆
	43. Kashiba RHC				◆	◆		◆		◆
	44. Katuta kampemba RHC				◆		◆	◆		◆
	45. Kawama RHC				◆		◆	◆		◆
	46. Lubunda RHC				◆		◆	◆		◆
	47. Lukwesa RHC				◆		◆	◆		◆
	48. Luminu RHC						◆	◆		◆
	49. Lupososhi RHC						◆	◆		◆

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
	50. Mubende RHC				◆		❖	❖		❖
	51. Mukonshi RHC				◆		◆	◆		❖
	52. Mununshi RHC						◆	◆		❖
	53. Mupeta RHC						◆	◆		❖
	54. Musangu RHC				◆	◆		◆		◆
	55. Mutipula RHC						◆	◆		❖
	56. Mwenda RHC		◆		◆	◆		◆	◆	◆
Nchelenge	57. Nchelenge RHC	◆		◆		◆		◆	◆	◆
	58. Kashikishi RHC	◆		◆		◆		◆	◆	◆
	59. Chabilikila RHC	◆		◆		◆		◆		◆
	60. Kabuta RHC	◆		◆		◆		◆	◆	◆
	61. Kafutuma RHC	◆		◆		◆		◆	◆	◆
	62. Kambwali RHC	◆		◆		◆		◆		◆
	63. Kanyembo RHC	◆		◆		◆		◆	◆	◆
	64. Chisenga RHC		◆ ¹	◆		◆		◆		◆
	65. Kilwa RHC		◆ ¹	◆		◆		◆		◆
	66. St. Paul's Hospital (CHAZ)	◆		◆		◆		◆	◆ ³	
Samfya	67. Lubwe Mission Hospital (CHAZ)	◆		◆		◆		◆	◆ ³	
	68. Samfya Stage 2 Clinic		◆ ¹		◆	◆		◆	◆	◆
Totals		12	10	15	45	30	38	68	16 active 5 planned	39 active 19 planned

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ Services have started	1 = Outreach ART Site
❖ Services are planned, but not yet started	2 = Facility has a laboratory but not yet functional
*New facilities are indicated in red.	3 = Referral laboratory for CD4

North Western Province: ZPCT Supported Services

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
<i>Solwezi</i>	1. Solwezi General Hospital	◆		◆		◆		◆	◆ ³	
	2. Solwezi UHC		◆		◆	◆		◆	◆ ³	
	3. Mapunga RHC				◆		◆	◆		◆
	4. St. Dorothy RHC		◆ ¹		◆		◆	◆	◆	◆
	5. Mutanda HC			◆		◆		◆		◆
	6. Meheba D RHC				◆	◆		◆	◆ ²	◆
	7. Mumena RHC				◆	◆		◆		◆
<i>Kabompo</i>	8. Kabompo District Hospital		◆	◆		◆		◆	◆ ³	
	9. St. Kalemba RHC (CHAZ)		◆ ¹		◆	◆		◆	◆	◆
	10. Mumbeji RHC				◆	◆		◆		◆
	11. Kasamba RHC				◆		◆	◆		◆ ²
<i>Zambezi</i>	12. Zambezi District Hospital		◆		◆	◆		◆	◆ ³	
	13. Zambezi UHC						◆	◆		◆
	14. Mize HC				◆	◆		◆		◆
	15. Chitokoloki Mission Hospital (CHAZ)		◆	◆		◆		◆	◆ ³	
<i>Mwinilunga</i>	16. Mwinilunga District Hospital	◆		◆		◆		◆	◆ ³	
	17. Kanyihampa HC			◆			◆	◆		◆
	18. Luwi Mission Hospital (CHAZ)		◆ ¹	◆		◆		◆	◆	
	19. Ikelenge RHC				◆		◆	◆		◆ ²
	20. Lwawu RHC				◆	◆		◆		◆ ²
<i>Mufumbwe</i>	21. Mufumbwe District Hospital		◆ ¹	◆		◆		◆	◆ ³	
	22. Matushi RHC				◆		◆	◆		◆ ²
<i>Chavuma</i>	23. Chiyeke RHC		◆ ¹		◆	◆		◆	◆ ²	◆
<i>Kasempa</i>	24. Kasempa Urban Clinic		◆ ¹		◆	◆		◆	◆ ²	◆
	25. Nselauke RHC				◆			◆		◆ ²
Totals		2	10	8	16	18	7	25	10 active 3 planned	11 active 6 planned

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ Services have started	1 = Outreach ART Site
◆ Services are planned, but not yet started	2 = Facility has a laboratory but not yet functional
*New facilities are indicated in red.	3 = Referral laboratory for CD4

Northern Province: ZPCT Supported Services

District	Health Facility	ART		PMTCT		CT		CC	Lab	Specimen Referral for CD4
		Strengthen	Initiate	Strengthen	Initiate	Strengthen	Initiate			
<i>Kasama</i>	1. Kasama General Hospital	◆			◆		◆	◆	◆ ³	
	2. Kasama UHC				◆	◆		◆	◆	◆
	3. Location UHC		◆ ¹		◆		◆	◆	◆	◆
	4. Chilubula Mission RHC (CHAZ)		◆	◆		◆		◆	◆ ³	
	5. Lukupa RHC				◆		◆	◆	❖ ²	◆
<i>Nakonde</i>	6. Nakonde RHC		◆		◆	◆		◆	◆ ³	
	7. Chilolwa RHC				◆		◆	◆		◆
	8. Waitwika RHC				◆		◆	◆		◆
	9. Mwenzo RHC				◆		◆	◆	❖ ²	◆
<i>Mpika</i>	10. Mpika District Hospital	◆		◆		◆		◆	◆ ³	
	11. Mpika HC			◆			◆	◆		◆
	12. Mpepo RHC				◆	◆		◆	❖ ²	❖
<i>Chinsali</i>	13. Chinsali District Hospital	◆			◆	◆		◆	◆ ³	
	14. Chinsali HC				◆		◆	◆		◆
<i>Mbala</i>	15. Mbala General Hospital	◆			◆	◆		◆	◆ ³	
	16. Mbala UHC				◆		◆	◆	◆	◆
	17. Tulemane UHC		◆ ¹		◆	◆		◆	◆	◆
	18. Senga Hills RHC	◆ ¹		◆		◆		◆		◆
<i>Mpulungu</i>	19. Mpulungu HC		◆ ¹		◆	◆		◆	◆	
<i>Isoka</i>	20. Isoka District Hospital	◆		◆		◆		◆	◆ ³	
	21. Isoka UHC			◆		◆		◆	❖	❖
	22. Muyombe				◆	◆			❖	
<i>Mporokoso</i>	23. Mporokoso District Hospital	◆		◆		◆		◆	◆ ³	
	24. Mporokoso UHC	◆ ¹		◆		◆		◆	❖	◆
<i>Luwingu</i>	25. Luwingu District Hospital	◆		◆		◆		◆	◆	
	26. Namukolo Clinic			◆			❖	◆		◆
Totals		9	5	11	16	16	11	27	14 active 6 planned	14 active 5 planned

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ Services have started	1 = Outreach ART Site
❖ Services are planned, but not yet started	2 = Facility has a laboratory but not yet functional
*New facilities are indicated in red.	3 = Referral laboratory for CD4

ANNEX B:
ZPCT Training Courses
April 1 to June 30, 2009

Table 1: ART/OIs Pediatrics

Training Course	Dates	Province/District		Number of Facilities	Number Trained
ART/OIs Pediatrics	21/06/2009 To 27/06/2009	Luapula	Kawambwa	2	3
			Mansa	6	10
			Mwense	2	4
			Nchelenge	4	5
			Samfya	2	2
			Total	16	24

Table 2: Dry Blood Spot (DBS) Collection

Training Course	Dates	Province/District		Number of Facilities	Number Trained
DBS	4/04/2009	Copperbelt	Mufulira	5	13
DBS	20/04/2009	Northern	Luwingu	2	3
			Total	7	16

Table 3: Smart care forms and Software

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Smart Care Forms	26/04/2009 To 28/04/2009	Copperbelt	Chingola	1	1
			Lufwanyama	2	2
			Ndola	1	1
Smart Care Software	28/04/2009 To 30/04/2009	Copperbelt	Chingola	1	1
			Lufwanyama	2	2
			Ndola	1	1
			Total	4	4

Table 4: Monitoring and Evaluation for HIV/AIDS Programs

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Monitoring & Evaluation Training	29/06/2009 To 3/07/2009	Copperbelt	Chililabombwe	1	1
			Kitwe	1	1
			Luanshya	2	2
		Northwestern	Lufwanyama	1	1
			Mufulira	2	2
			Chavuma	1	1

			Kasempa Mufumbwe Zambezi	1 1 1	1 1 1
			Total	11	11

Table 5: Laboratory/Pharmacy

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Equipment Use & Maintenance	4/06/2009 To 4/09/2009	Copperbelt	Chililabombwe	1	1
			Chingola	3	3
			Kitwe	1	1
			Luanshya	1	1
		Luapula	Mufulira	2	2
			Ndola	1	2
			Mansa	1	1
		Northern	Kasama	1	1
			Mbala	1	1
		Northwestern	Mpika	1	1
			Solwezi	1	1
ART Commodity Management A for Lab & Pharmacy	18/05/2009 To 22/05/2009	Luapula	Chiengi	1	2
			Mwense	1	2
			Kawambwa	2	4
			Mansa	3	4
			Nchelenge	3	4
			Samfya	1	1
ART Commodity Management A for Lab & Pharmacy	3/05/2009 To 7/05/2009	Central	Kabwe	2	2
			Chibombo	1	1
			Serenje	1	1
		Copperbelt	Chililabombwe	3	1
			Kitwe	2	10
		Northern	Luanshya	3	5
			Ndola	1	3
			Kalulushi	1	1
			Chinsali	1	1
			Mporokoso	1	1
			Isoka	1	1
			Luwingu	1	1
ART Commodity Management A for Pharmacy	19/04/2009 To 24/04/2009	Copperbelt	Chililabombwe	1	2
			Chingola	5	9
			Kalulushi	1	1
			Kitwe	6	6
			Luanshya	1	2
			Mufulira	2	2
			Ndola	3	3
			Total	62	85

ANNEX C: Meetings and Workshops

Meetings and workshops attended by ZPCT staff during this quarter are in the table below

Date	Technical Area	Meeting/Workshop/Trainings Attended
April 8, 2009	CT/Programs	ZPCT participated in the <i>national VCT day preparatory meeting</i> , held at NAC. The agenda was to propose the VCT day theme and form sub committees to spearhead the preparations for the national VCT day. Although four sub-committees were formed during this meeting, the team could not agree on the theme and this was deferred to the following meeting that was scheduled for April 22, 2009.
April 22, 2009	CT/Programs	This meeting organized by NAC and took place in their boardroom, was a part of the <i>ongoing national VCT preparatory meetings</i> . During this meeting, the theme for 2009's national VCT day was finally decided and the members agreed to adopt the theme of "Family first- men take your family for CT"
April 24, 2009	PMTCT	<i>IYCF assessment result dissemination meeting</i> held at National Malaria Control Center was organized by the MoH in collaboration with World Health Organization (WHO) and National Food and Nutrition Commission (NFNC). The purpose was to share the assessment results with all stakeholders. An overview of ten IYCF operational strategic areas and role of stakeholders to advocate for technical and financial support for IYCF program at all levels to save lives of Zambian children was discussed at length.
May 18 - 22, 2009	PMTCT	<i>Continuous Medical Education (CME) update course for ART providers</i> meeting was organized by JPHIEGO and was held at Wanasange Guest House in Livingstone. The meeting was called to finalize the production of the PMTCT modules for the ART CME update course for the ART providers. The PMTCT modules were compressed to five modules and module script writing was done. JHPIEGO was to send the developed scripts to the editors in USA and Ministry of Health for proof reading and then recording of DVDs.
May 19 - 23, 2009	PMTCT	<i>The East and Southern Africa interagency regional meeting on PMTCT and paediatric HIV care and treatment</i> was held at Safari Park Hotel in Nairobi, Kenya. The following were the recommendations for countries to act on: <ol style="list-style-type: none"> 1. Accelerate PMTCT/Paediatric HIV care programs 2. Prioritize districts with increased prevalence 3. Strengthen the health systems – i.e. improve the data management systems; establish report cards for district reporting and for sharing with partners 4. Work on task shifting to community levels 5. Engage communities in effective behavioral change interventions
May 26 - 29, 2009	General	<i>3rd International Workshop on HIV Treatment, Pathogenesis and Prevention Research in Resource Poor Settings</i> was organized by Abbott International and was held at the Intercontinental Hotel in Lusaka. This meeting brought together international experts/delegates to build upon 2008 success in the field of HIV prevention and treatment in developing countries.
June 1 - 2, 2009	General	<i>Community Health Worker (CHW) Strategy Consensus meeting</i> was organized by MoH and held at Cresta Golfview Hotel in Lusaka, with the objectives of building consensus on key principles to be included in the CHW strategy and developing appropriate options for effective utilization of CHWs in Zambia. The next steps included for this meeting were: <ol style="list-style-type: none"> 1. Drafting the CHW strategy 2. Exploring options for the Zambian strategy 3. Senior Management at MoH to define strategy direction and 4. Implementation (community-HMIS, pilot of preferred strategy).
June 4, 2009	CT	<i>National VCT day preparatory meeting</i> was held at NAC to review progress made in terms of preparations for the national VCT day on 30 th June 2009. This involved getting updates from the sub committees

Date	Technical Area	Meeting/Workshop/Trainings Attended
		for the main organizing committee.
June 10, 2009	CT	The meeting was organized by NAC as part of the preparations for the national VCT day and it was called on to get updates from the different sub-committees looking at different aspects of the national VCT day. Each sub-committee updated on progress made with the activities that they were tasked to do from the previous meeting. Partners/organizations were encouraged to contribute funds or take up funding of some activities e.g. printing of T-Shirts for their organizations and IEC materials as NAC did not have enough resources.
June 23, 2009.	PMTCT	<i>Family Planning Technical Working Group (FP TWG) meeting</i> was held at HSSP and was organized by the FPTWG as part of their routine monthly meetings. The meeting provided updates to the members on family planning activities and the proposed ChildFund/FHI evaluation of ChildFund's addition of injectable contraceptives to its current CBD program in Mumbwa and Luangwa districts.
June 28 - 30, 2009	PMTCT	<i>PMTCT/ART online course.</i> This meeting was organized by JPHIEGO and held at Tuskers Hotel in Kabwe. The purpose of the meeting was to review an online PMTCT / ART course (originally produced by John Hopkins University) and make adaptations to suit the Zambian context. The WHO and MOH PMTCT protocol guidelines for Zambian health workers including PMTCT training manuals were used as reference materials. What will follow is JHPIEGO to send a compiled report to USA based on participants' comments and the course will be launched based on feedback from USA.
April 7, 2009	ART	<i>National AIDS Council (NAC) 1st Quarter 2009, Treatment, Care and Support Theme Group meeting:</i> At this meeting, progress on mobile CT, PMTCT and ART guidelines, nutrition guidelines/policy, JSI's trainings on ARV/commodity management guidelines and alternative remedies for HIV/AIDS were discussed. NAC plans to review guidelines on syndromic management of STIs; and the ARVs funding gaps from 2009 onwards.
April 19 th to 22 nd 2009,	Clinical Care	<i>NAC Joint Annual Programme Review JAPR) tools development</i> was a two day meeting to validate the HIV programme evaluation tools developed by NAC secretariat for the 2008 annual workplan.
April 28, 2009	ART	<i>NAC Joint Annual Programme Review JAPR launch/stakeholders planning meeting:</i> After successful development of the JAPR evaluation tool, this meeting was convened to launch the JAPR and discuss the way forward.
April 28 th – 30 th 2009	Clinical Care/ART	<i>Review of Health Professions Bill 2009:</i> ZPCT participated in discussions of the health profession bill in Lusaka. Key changes were; the final Act will be referred to as Health Professions rather than Medical and Allied Workers Act; professional bodies will be required to clear individuals before they register and training curricula will be shared with MCZ before registering the training institutions.
May 13 – 15 th 2009	ART	<i>Patient Trainers Preparation Course</i> was training organized by MoH/WHO and held on the Copperbelt as TOT course for PLWHAs to be trained in basic ART clinical care so that they can act as facilitators for future trainings of community cadres (this is yet to be piloted).
May 15 th , 2009	ART	<i>Pediatric ART sub committee:</i> ZPCT participated in this meeting to discuss the feasibility of starting to use Protease Inhibitors (PIs) as part of first line regimen in children exposed to short course regimen of ARVs for PMTCT with potential risk developing resistance. However the meeting no conclusion was made at this meeting.
May 19 th , 2009	Clinical Care	<i>Child Health Technical Working Group (TWG) met</i> to discuss planning activities for general immunization and polio. Pediatric HIV activities such as DBS collection and sensitization messages for early treatment were also discussed.
May 27 th – 28 th 2009	ART	<i>3rd Interest Workshop on Virology Education:</i> About 25 ZPCT technical staff participated in this International Educational Conference held in Lusaka. Various prominent speakers presented current scientific HIV medicine.

Date	Technical Area	Meeting/Workshop/Trainings Attended
June 9 th 2009	Clinical Care	<i>Child Health Technical Working Group (TWG) met to discuss the community health workers manual which has been approved by the MoH. Further discussion centered on approval from Medical Council of Zambia (MCZ) to allow lay people to collect DBS samples for EID.</i>
June 25, 2009	Clinical Care	<i>Male Circumcision Task Force meeting was held to discuss the need to map out male circumcision services and develop a directory; need for partners working in the same districts/provinces to collaborate on MC services and related activities; MoH plans to establish MC task force at the ministry; report on (CIDRZ/MoH) neonatal MC services at UTH and commencement of assessment of target MC sites by ZPCT.</i>
June 17 to 19, 2009	Clinical Care:	<i>FHI Technical Leadership Meeting on Palliative Care: ZPCT staff attended this meeting held in South Africa to build technical knowledge in palliative care, develop FHI programme standards, and prepare a FHI palliative care plan of action for 2009 - 2010.</i>
8 April 2009	Laboratory	<i>National Laboratory Commodities Quantification Quarterly Review: ZPCT attended a one day meeting convened by MoH and facilitated by SCMS to conduct a quarterly review of the national laboratory commodities' quantification. Most quantities for most commodities were adjusted after an analysis of the current consumption trends. The outcome of this meeting included an adjustment of pending reagent procurement plans and updates were also given by partners on their procurement plans for additional equipment since this also affects reagent quantification.</i>
28 – 30 April 2009	Laboratory, Pharmacy	<i>Consensus Building Workshop on the Health Professions Bill: ZPCT participated in a three day workshop conducted by the Medical Council of Zambia to discuss the "Medical and Allied Professions Act" which was changed to the "Health Professions Bill."</i>
30 April 2009	Laboratory	<i>National HIV EQA DTS Program meeting. ZPCT attended a one-day meeting where the implementation of the National HIV EQA program was discussed. It was agreed that a pilot would be conducted first instead of a full roll-out as initially planned. ZPCT received the DTS panels for distribution to its supported facilities participating in this pilot.</i>
4 May 2009	PCR	<i>DNA PCR EID TWG meeting was held to share with partners the findings of the evaluation of the DBS specimen referral network system. The main challenges noted were long turn-around-time for PCR results and access to DBS blood collection kits from MSL. MoH is currently working with partners to address the challenges noted in the report and is planning for a national dissemination meeting next quarter.</i>
26 – 29 May 2009	ART	<i>Third International Workshop on HIV treatment, pathogenesis and prevention research in resource poor settings: ZPCT staff, including two from the pharm/lab attended this international conference which was held at the Intercontinental Hotel, in Lusaka. Research work going on through out the world, innovative technologies and poster presentations were conducted. The main purpose of the workshop was to share ideas and experiences on HIV and AIDS.</i>
2 – 3 June 2009	Laboratory, Pharmacy	<i>CIDRZ/ZPCT Exchange Visits: ZPCT participated in exchange visits to two CIDRZ supported facilities - Kanyama and Mazabuka. The focus areas were ART scale up, CT/PMTCT, Clinical Care activities, and pharm/lab operations. The two partners exchanged notes on operations in the facilities with many similarities in the implementation approach noted. A follow-on exchange visit to ZPCT-supported facilities is planned for next quarter.</i>
4 June, 2009	ART Laboratory	<i>National ART Laboratory Logistics System Evaluation Partners Dissemination Meeting was a one-day meeting facilitated by SCMS with representation from all implementing partners to inform stakeholders on the outcome of the evaluation which was conducted in the pilot sites. It was observed that the reporting rates were impressive and most facilities reported on a monthly basis. It was also decided that the forms that were poorly filled should be reviewed and a decision had to be made on whether to remove them. Following the outcome of this pilot, the list of laboratory supplies that were chosen to be on full supply</i>

Date	Technical Area	Meeting/Workshop/Trainings Attended
		was reviewed and it was agreed that the lab logistics system will be rolled out to the rest of the country after trainings have been conducted.
7 – 20 June 2009	Pharmacy, PMTCT	<i>TOT for the Revised National PMTCT Drug Logistics system:</i> Three ZPCT staff participated in the two week training in the revised national PMTCT drug logistics system which was organized by MoH, and facilitated by SCMS. The new system is due for roll out between July and September 2009. All PMTCT only facilities will have to use this new system to enable them access to commodities from MSL.
10 June 2009	Laboratory	<i>National EID PCR Provincial Laboratory Plans Discussion meeting</i> was held at MoH where the laboratory specialist indicated MoH plans to set up additional PCR laboratories for early infant diagnosis, and for viral load, in selected provinces. ZPCT shared concerns around implementation, but has commenced site assessments for renovations for the proposed upgrade of Mansa General Hospital which is a ZPCT-supported facility. Additional meetings will be held to further discuss implementation and to understand the full extent of ZPCT's support for the implementation of the program.
17 June 2009	Laboratory	<i>Laboratory Quality Assurance TWG Meeting</i> was a day meeting held to discuss the adoption of new CD4 platforms. The meeting was informed that the MoH had approved the Guava for use for CD4 pending finalisation of contractual issues with the vendor. In addition, it was noted that the PointCare instrument will not be adopted for use in Zambia. Updates on procurement of reagents and supplies were also provided and consultative meetings between MSL, SCMS & MoH on stock issues were scheduled.
22 – 26 June 2009:	Pharmacy	<i>SmartCare ARV Logistics System Workshop:</i> ZPCT staff attended a five-day workshop convened by MoH and facilitated by CDC and JSI/Deliver. This workshop was conducted to build capacity in DHIOs and IT officers who handle health information systems on the current logistic systems that are in place. This was conducted in order to ensure that they understand the numbers they report and the indicators available and also as the new SmartCare system is disseminated it will enable them to understand clearly the tools that will be in use. DHIOs, IT officers, and Pharmacists attended this workshop.
June 2009	QA/ QI	<i>Conducting QA/QI Data Audit in Supported Provinces:</i> A data audit of all relevant QA/QI documentation and resources was conducted in Northern Province. This entailed provincial technical and programs departments as well as site visits to selected facilities.
June 2009	QA/QI	<i>Conducting Second Orientation Workshop for MoH Provincial Health Office (PHO):</i> At the request of Northern Province PHO, a second MoH staff orientation for QA/QI was held following the success of the first workshop held in the previous quarter.
June 2009	QA/QI	<i>Collaboration With Central MoH on Adoption of ZPCT QA Tools:</i> ZPCT held a meeting with MoH ART program unit and HSSP to review progress on the QA tool adoption process. The new plan of action developed involves collaboration with the MoH ART program unit taking up the role of MoH focal point in pushing the agenda forward. This was decided due to absence of a focal point QA/QI person in MoH following restructures in the previous quarter.
		ZPCT participated in the 'Rhythm of Life' festival of music, art and health held in Lusaka on May 16, 2009, organized by Health Communication Partnership (HCP) The purpose of the health day was to use entertainment and art to capture the public's attention in key health issues experienced in Zambia. ZPCT put up a booth where information and photographs on the services being provided was disseminated. The US Ambassador and Deputy Minister of Health attended this event, and visited the ZPCT / Family Health International stand.

ANNEX D: Mobile CT Data

The table below provides a breakdown of the mobile CT activities

District	Males Counseled and Tested			Females Counseled and Tested			Children Counseled and Tested		
	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>	<i>Total</i>	<i># positive</i>	<i>% positive</i>
Chiengwe	61	4	6.6%	69	11	15.9%	16	0	0
Chililabombwe	190	25	13.2%	177	24	13.5%	53	11	20.8%
Chingola	101	20	19.8%	92	18	19.6%	203	6	2.9%
Kabompo*	0	0	0	0	0	0	335	2	0.6%
Kasama	223	17	7.6%	202	17	8.4%	48	0	0
Luanshya	98	13	13.3%	120	15	12.5%	123	2	1.6%
Luwingu	189	5	2.6%	172	7	4.1%	13	0	0
Mbala	302	12	3.9%	89	8	8.9%	9	1	11.1%
Mufumbwe	448	9	2.0%	313	10	3.2%	177	5	2.8%
Nchelenge	23	6	26.1%	120	20	16.7%	8	0	0
Zambezi	0	0	0	2	2	100%	170	2	1.2%
Grand total	1,635	111	6.8%	1,356	132	9.7%	1,155	29	2.5%

ANNEX E: ZPCT ART sites as of June 30 2009

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
Central	Chibombo	Chisamba		Outreach	
		Liteta Hospital	Static		
	Kabwe	Kabwe General Hospital	Static		
		Kabwe Mine Hospital	Static		
		Kasanda		Outreach	
		Katondo		Outreach	
		Mahatma Gandhi Memorial		Outreach	
		Makululu		Outreach	
		Ngungu		Outreach	
		Pollen		Outreach	
		Natuseko		Outreach	
		Masansa		Outreach	
	Mkushi	Mkushi District Hospital	Static		
		Chalata		Outreach	Mkushi District Hospital
	Serenje	Chitambo Hospital	Static		
		Serenje Hospital	Static		
Copperbelt	Chililabombwe	Kakoso	Static		
		Lubengele Clinic		Outreach	
	Chingola	Chiwempala		Outreach	
		Kabundi East		Outreach	
		Nchanga North Hospital	Static		
		Clinic 1		Outreach	
		Muchinshi		Outreach	
	Kalulushi	Chambishi Government Clinic		Outreach	
		Kalulushi Government Clinic	Static		
	Kitwe	Buchi Main		Outreach	
		Bulangililo		Outreach	
		Chavuma		Outreach	
		Chimwemwe		Outreach	
		Ipusukilo		Outreach	
		Kamfinsa		Outreach	
		Kawama		Outreach	
		Kitwe Central Hospital	Static		
		Luangwa		Outreach	
		Ndeke		Outreach	
		Zamtan		Outreach	
		ZNS		Outreach	
	Luanshya	Mpatamatu Clinic		Outreach	
		Roan Antelope Hospital	Static		
		Thomson Hospital	Static		
	Lufwanyama	Lumpuma		Outreach	
		Shimukunami		Outreach	
	Mufulira	Kamuchanga District Hospital	Static		
		Ronald Ross General Hospital	Static		

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
	Ndola	Arthur Davison Hospital	Static		
		Chipokota Mayamba		Outreach	
		Kansenshi Prison		Outreach	
		Kavu		Outreach	
		Kaniki		Outreach	
		Lubuto		Outreach	
		Mahatma Gandhi		Outreach	
		Masala New		Outreach	
		Ndola Central Hospital	Static		
		Twapia		Outreach	
Luapula	Chiengwe	Kabole	Static		
		Putu	Static		
	Kawambwa	Kawambwa District Hospital	Static		
		Mbereshi Mission Hospital	Static		
	Mansa	Chembe	Static		
		Mansa General Hospital	Static		
		Senama		Outreach	
	Mwense	Mambilima		Outreach	
		Mwense		Outreach	
		Mwenda	Static		
	Nchelenge	Chabilikila	Static		
		Chisenga Island		Outreach	
		Kabuta	Static		
		Kafutuma	Static		
		Kambwali	Static		
		Kanyembo	Static		
		Kashikishi	Static		
		Kilwa Island		Outreach	
		Nchelenge HC	Static		
		St. Paul's Hospital	Static		
	Samfya	Lubwe Mission Hospital	Static		
		Samfya Stage II		Outreach	
Northern	Chinsali	Chinsali District Hospital	Static		
	Isoka	Isoka District Hospital	Static		
		Muyombe		Outreach	Isoka District Hospital
	Mpika	Mpika District Hospital	Static		
	Kasama	Chilubula	Static		
		Kasama General Hospital	Static		
		Location		Outreach	
	Luwingu	Luwingu Hospital	Static		
	Mbala	Mbala Hospital	Static		
		Tulemane		Outreach	Mbala District Hospital
		Senga		Outreach	
	Mporokoso	Mporokoso District Hospital	Static		
		Mporokoso UHC		Outreach	
	Mpulungu	Mpulungu HC		Outreach	
	Nakonde	Nakonde HC	Static		

Province	District	Facility	Static	Outreach	Parent Site (report data under this site)
North Western	Kabompo	Kabompo District Hospital	Static		
		St Kalembe		Outreach	Kabompo District Hospital
	Mufumbwe	Mufumbwe Hospital		Outreach	
	Mwinilunga	Mwinilunga District Hospital	Static		
		Luwi Mission		Outreach	
	Solwezi	Solwezi General Hospital	Static		
		Solwezi Urban		Outreach	
		St. Dorothy		Outreach	Solwezi Urban Clinic
	Zambezi	Chitokoloki Mission Hospital		Outreach	
		Zambezi District Hospital	Static		
	Chavuma	Chiyeke	Static		
	Kasempa	Kasempa		Outreach	

ANNEX F: CPOs Implemented by Site

Province	District	Facility	Group
Copperbelt	Chingola	Chawama Clinic	Oasis of Love
	Chililabombwe	Lubengele Clinic	Reigners in Life
	Luanshya	Mpatamatu Clinic	Mutende HBC
Luapula	Chiengge	Putu RHC	Chiengge NZP+
	Mwense	Mambilima Mission	Mambilima TB Support Group
	Nchelenge	Kashikishi	Bumi Bwesu Youth Centre
Northern	Kasama	Kasama Urban Clinic	Thapiwa Support Group
	Luwingu	Namukolo Clinic	St. Peter HBC
	Mbala	Tulemane Clinic	Peer Women Educators
North - Western	Mufumbwe	Matushi RHC	Matushi Community Leaders
		Mufumbwe Health Centre	Mufumbwe NZP+
	Solwezi	Solwezi Urban Clinic	Solwezi NZP+

ANNEX G: Referral Networks by District

Province	# Functional Networks	# in Process of Completion
Central	4 (Kabwe, Mkushi, Serenje, Chibombo)	
Copperbelt	7 (Ndola, Chingola, Kitwe, Mufulira, Kalulushi, Luanshya, Lufwanyama)	1 (Chililabombwe)
Luapula	5 (Kawambwa, Mansa, Mwense, Samfya, Nchelenge)	2 (Chiengge, Milenge)
Northern	9 (Kasama, Nakonde, Mpulungu, Isoka, Mpika, Mporokoso, Mbala, Chinsali, Luwingu)	
North Western	7 (Kabompo, Zambezi, Mwinilunga, Solwezi, Mufumbwe, Chavuma, Kasempa)	
Total	32	3